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ABSTRACT

This report addresses the legislation passed by the 1990 Minnesota Legislature concerning the African American Youth Treatment Planning effort for providing five recommendations on prevention, treatment, and aftercare of drug abuse for this population. Based on a literature review and needs assessment that entailed a demographic and socioeconomic study, service provider inventory, key informant interviews, youth focus meetings, and town meetings, the report shows that youth were not aware of many of the services available to them, that they relied on peers for information, and that youth who were involved in interesting activities were unlikely to sell drugs. The following recommendations are discussed: (1) improve information, referral, and outreach services to youth; (2) involve youth in the planning, implementation, management, promotion of programs that hope to affect youth problems; (3) provide compensated experiences for youth; (4) support African American families; and (5) offer youth opportunities to explore culturally-based values and mores. Appendices include lists of the members of the Summit University Anti-Drug Initiative Task Force, the key informants, and the participants of the town meeting. (Contains 73 references.) (GLR)

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# ILLICIT DRUGS AND AFRICAN AMERICAN YOUTH IN SUMMIT UNIVERSITY

## *A SUMMIT UNIVERSITY ANTI-DRUG INITIATIVE TASK FORCE REPORT*

*Submitted to the Minnesota Legislature*

*by the*

*Chemical Dependency Program Division, Department of Human Services*

*February, 1992*

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# EXECUTIVE SUMMARY

This report was prepared to address the following legislation which was passed in the 75th session of the Minnesota Legislature, spring of 1990:

> Subd 4 (African American Youth Treatment Planning). The Commissioner of human services shall develop a plan for a program in the Summit-University area of St. Paul to address the culturally-based drug prevention, treatment and after care needs of high-risk youth. The commissioner shall involve existing neighborhood and government agencies in developing the plan and shall present recommendations to the legislature...

In the spring of 1990, the governor, lieutenant governor, the district 65A representative and several members of the St. Paul Ministerial Alliance met to discuss their interest in developing a project to respond to the issue of drugs which was of great concern to the Summit University community and a main agenda item for the State. This action led to the passage of the above legislation. A few months later, the community was informed of the legislation and was invited to participate in organizing a project in accordance with the approved legislation. Eventually, a task force was formed entitled Summit University Anti-Drug Initiative Task Force. The task force elected a steering committee to initiate a process of hiring project staff. Staff began work around mid-February, 1991.

Once the project began, several key words and phrases in the enabling legislation required clarification before the task force and staff could actually proceed with the tasks at hand. The key words and phrases were: youth, treatment planning, program, Summit University area, culturally-based, drug, and high risk. See pages 3-6 of the main report for a list of definitions of these terms.

After much deliberation, the steering committee determined that it was unlikely that one program could meet the prevention, treatment, and aftercare needs of African American youth. Staff and the task force concurred that the planning should focus on the best components of chemical dependency programs and allow service providers the freedom to develop programs around these components.

It was assumed that the project would focus on illicit or illegal drugs; however, as planning analyses proceeded, it became clear that the project had to broaden its working definition of drugs. It became evident that for those who used drugs in the age group of 10-17, alcohol was the preferred substance, although it is an illegal substance for youth under this study and its use clearly perceived differently by both the users and the study. Tobacco

and tobacco products were eliminated as a study emphasis because few African American youth used them. Initially, the project included inhalants as a possible entry modality for youth in the 10-12 year age sub-group. However, informants indicated that few African American youth are involved significantly with inhalants.

Finally, rather than use only the traditional boundaries of Summit University, the steering committee chose to analyze and collect data on a larger area that would include most of the African American youth in the area. It was decided to track data on six (6) census tracts traditionally called the African American community. (See Figure 1 on page 4 of the main report).

The Summit University area is the city's most diverse area with over 44% of its residents being people of color. Over a third of the city's people of color reside in an area containing approximately 20% of the city's land. Population data tells us that the African American population in Summit University is young with the center of the population slowly shifting east to west and south to north. Since 1980, the concentration of African Americans in Summit University has remained stable even though the African American population in St. Paul has increased by 51%.

Forty-nine percent of the youth in the Summit University area fall in the study's target group of 10-17. Just under 62% of the African American population under 18 lives west of Dale Street. Almost 30% of the Summit University population is under eighteen; 40% of the population under 18 is African American. Nearly 60% of the 3,741 youth under 18 in census tracts 335-340 (the African American community) are African American. The death rate for African American children is 30-50% higher than for whites. In 1984, 20% of all African American births were to teenagers. African American presence throughout the Juvenile Justice system has increased significantly since 1986 in all areas except probation/parole. African Americans now comprise 34% of the youth at Boys Totem Town. In 1986, they were only 19%. Thirty-one percent of youth held in Ramsey County Juvenile Detention in 1990 were African American. Only 19% fell into this category in 1986. The Summit University area is commonly depicted as being cocaine-infested.

The primary point to be made concerning the socioeconomic status of Summit University is that the African American community is relatively poor and less educated than the population as a whole. African Americans are at great physical, social, and economic risk due to their low income, poorer relative health, and, although recently improving, dangerous environment with respect to crime. All of these factors place African American youth at high-risk related to participation in drug activities. A community with these kinds of problems would be expected to have an array of preventive and interventive services. 1990 proved to be the year that the community began to move against drugs and the drug industry.

The work done in preparing this report consisted of the following methodology: Literature Review: Needs Assessment (demographic and socioeconomic study, service provider inventory, key informant interviews, youth focus meeting, and town meetings); Hearings; and a Final Report (findings and recommendations). The rationale for this process was that first it was necessary to determine whether or not there was a drug problem. Staff implemented strategies designed to allow the community residents and professionals the opportunity to state what they knew about drugs, the drug industry, and the community's approaches to combat both. These strategies included the Service Provider Inventory, key informant interviews, youth focus meetings, and town meetings. All of these were used to determine from the community the nature of these issues. In addition to this, staff and the community task force used methods to verify what was being presented by the community in the form of literature reviews, population, demographics, socioeconomic studies, and key community workers/nonprofessionals. Without exception, everything heard in the community was unanimously verified by other identified sources.

The findings of the study were based most heavily on the youth focus meetings, interviews with community professionals and residents, and the town meetings. These findings were categorized into six areas: prevalence, drug involvement, environmental factors, economic factors, services available, and research. More specific details can be found on pages 25-29 of the main report.

Overall, in addition to the findings, it was found that youth were not aware of many of the services available to them. Youth rely on the peers for information. If they do not pass the word, youth will not know or pay attention. Additionally, the data strongly indicated that as long as youth are engaged in activities they find interesting, they will not sell drugs.

In order to relate to these phenomena and address other key issues and needs of African American youth in regards to drug prevention, treatment and aftercare, this report includes five (5) major recommendations listed below. Specific details can be found on pages 30-33 of the main report.

- **IMPROVE INFORMATION, REFERRAL, AND OUTREACH SERVICES TO YOUTH**

- **INVOLVE YOUTH IN THE PLANNING, IMPLEMENTATION, MANAGEMENT, PROMOTION OF PROGRAMS THAT HOPE TO AFFECT YOUTH PROBLEMS.**

  **YOUTH MUST BE INVOLVED IN THE DEVELOPMENT AND IMPLEMENTATION OF YOUTH ORIENTED PROGRAMS**

  Agencies must think of ways to get to youth the message that they are important to the organization. The most effective way to do this is one-to-one, meeting them where they feel

comfortable. Once making the contact, careful listening without judgmental responses is required, at least initially. Thus, youth must be involved in all aspects of the promotion of programs and activities designed for them.

**Institute programs that aim to effect both contemporary and continuing youth problems in innovative ways.**

There is not a shortage of programs that aim to improve the social development skills of youth. However, most of these programs are offered in group settings. This is not attractive to today's youth. They prefer less predictable programming. Although many youth continue to take part in team sport activities, few non-team sports activities are available. Today's youth are confronted with more difficult problems. Given the high usage and selling of illicit drugs, as reported by youth, prevention programs should be developed in these areas. Programs that creatively tackle the use and selling of marijuana, and programs/activities that stress both preventive and interventive strategies, are sorely needed in the Summit University area. One key component in all programs should be an attempt to demonstrate to youth that they can be successful. In particular, we must show youth that they can be successful without having to go to a four-year college. Unfortunately, so much emphasis is placed on attending college that youth often feel that success and college are synonymous.

This entails schools incorporating more prevention/ intervention programs centered around career explorations, tutoring, cultural awareness and recreational activities. Therefore, there is a need to promote more positive media in the areas of successful careers and enjoyable healthy ways of living.

- **PROVIDE COMPENSATED EXPERIENCES FOR YOUTH**

**Compensated experiential learning, work or training for youth, 12-14 years old, need to be provided.**

Youth as early as age 12 were concerned about work. Almost all youth by the age of fourteen (14) sought jobs - actually money - so they could purchase consumer goods. Currently policy does not allow youth in this age group to "work". Involvement in drugs for these youth is out of boredom, first, and a desire to work and earn money, secondly. Successful and effective youth programs are those that involve youth in the decision-making process, and provide compensated work, experiential learning or training. Compensation need not be money for this age group. It could be special privileges that accrue from attendance and participation.

- **SUPPORT AFRICAN AMERICAN FAMILIES**

  Help African American families provide physical, financial, and emotional support for their children while teaching or reinforcing culturally-sensitive values and mores. Adolescents cannot insure that their lives will be successful without help from their families. Many parents are either unable or unwilling to adequately meet the emotional, physical, intellectual, or spiritual needs of their children. More family support mechanisms are needed for African American youth who live in female-headed households to combat the poverty issue and reduce the number of youth at-risk for drug abuse. Strengthening African American families, or, if absolutely necessary, providing viable alternatives is critical to the future success of African American youth.

- **OFFER YOUTH OPPORTUNITIES TO EXPLORE CULTURALLY-BASED VALUES AND MORES**

  There is such a diversity of experiences in the African American community that any attempt at setting forth values must take into account time, space, and place. Researchers are only now beginning to understand African American culture enough to set forth "Afro-Centric" values. Values and mores are dynamic.

In concluding. while African American youth are involved in the drug industry, the intensity of their involvement and the depth of their usage changes with age and their perception of chances for success in life. Early on, at ages 10-12 or 13, few youth are involved. Generally, only youth who have a sibling, other family member or a relative who uses or sells become involved, and almost exclusively as accessories (e.g. lookouts, runners, "holders"), if then. At ages 13-17 some children are involved as casual users and servers of marijuana and crack. Other children in this age group, a surprisingly large percentage, socially use alcohol and, to lesser extent, marijuana. During this period, few youth (5%-10%) are thought to abuse cocaine or cocaine derivatives and need drugs to the extent that it affects their lives. Youth over seventeen use all drugs more often and a greater percentage abuse drugs. It is believed that these youth feel that they must be successful or be able to envision being successful at age eighteen. If they do not, there is a greater tendency for them to use illicit drugs, especially crack or crack cocaine.

Nevertheless, most African American youth are not involved in the drug industry. Although a number of them use alcohol and marijuana, their use patterns are not abusive. It is estimated that up to 50% of the African American youth involved in the drug industry could be convinced to quit. The youth that do use are there for excitement, extra money, and status, and appear to be

amenable to alternative activities if they have some say about the nature, content, and implementation of the programs or activities. Youth who feel good about themselves, their family, and their community are less prone to use or sell drugs. Youth that are involved with churches or have an integrated spiritual belief system are less likely to be involved in the drug industry or in the use and abuse of all drugs. Youth who have hope for themselves are less likely to be involved with the drug industry.

Finally, when youth feel loved, supported, secured, and have a sense of self-worth, they also have hope. This hope is their armor against the use or abuse of drugs or participation in the drug industry. Therefore, to greatly decrease the number of youth affected by drugs and the drug industry, we need to follow the advice of Reverend Jessie Jackson and, "KEEP HOPE ALIVE".

Executive Summary Edited by:
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# INTRODUCTION

## PROJECT HISTORY

In the spring of 1990, near the end of the 75th session of the Minnesota legislature, the governor, lieutenant governor, the district 65A representative and several members of two Saint Paul ministerial alliances met to discuss their interest in developing a project to respond to an issue of great concern to the Summit University community. That issue--drugs--was also to be a main emphasis for the state. The ministers sought help for a Christian-based, culturally-sensitive treatment center for adolescent African American males. This center, to be named Agape House, was to be more. The center would be able to provide respite care for the single parent when their adolescent was "too much." The center was to provide short-term foster care. In short, Agape house, was to stand in the stead for parents or youth who volunteered to be participants.

For a number of reasons, this original concept proved difficult to marshall through the legislature. First, concern was raised regarding the "Christian-based" nature of the proposed service. Second, because of changes in policy regulating the treatment of adolescent substance abusers, many in-patient adolescent treatment centers had been closed. Finally, although there is a revenue stream for foster care, group homes, and half-way houses when either the courts or some other governmental agency mandates placement, there is not a similar stream for parents or adolescents who seek placement.

However, legislation was approved that offered the prospect for the Summit University community to determine its needs in a planned fashion. The approved legislation read:

> Subd 4. (African American Youth Treatment Planning). The commissioner of human services shall develop a plan for a program in the Summit-University area of St. Paul to address the culturally-based drug prevention, treatment and after care needs of high-risk youth. The commissioner shall involve existing neighborhood and governmental agencies in developing the plan and shall present recommendations to the legislature . . . .

A meeting was held in July, 1990 to inform the community of the legislation and to organize a project. The members present became the Summit University Anti-Drug Initiative Task Force (The Task Force). (Please see **Appendix A: Summit University Anti-Drug Initiative Task Force).** After some discussion the group decided that before they could proceed with a treatment program, it was necessary to first determine: What services are currently available for adolescents? How pervasive is the drug problem? And finally, where are the service gaps?

By August, 1990 The Task Force had elected a steering committee which, in turn, had initiated the process that would culminate in the hiring of project staff. Project staff were retained in October but could not begin the project, in earnest, until March, 1991. The funding for the project was not encumbered by the state until mid-February, 1991. Much of the delay was due to the transition in state government after the November, 1990 elections. An anticipated short-fall in tax collections also affected state officials' willingness to allow the project to proceed.

## PROJECT DEFINITIONS

Once the project began, several key words and phrases in the enabling legislation required clarification. All of the following required defining:

- youth
- treatment planning
- program
- Summit University area
- culturally-based
- drug
- high-risk

### Youth

Depending on the jurisdiction and policy, the word "youth" has been used to refer to individuals ranging in age from 0 to 25 years of age. The Task Force did not have the resources to allow the study to take such a broad scope. The Task Force ultimately chose the age group 10 - 17. This age group was selected because the community was most interested in how this group was faring. This age grouping included the ages during which many felt prevention would be most effective. Finally, the upper age of 17 also limited the number of service systems that would require analysis.

### Treatment Planning

Although the title of the enabling legislation clearly states "treatment planning" as the intent, the verbiage used later referring to "prevention, treatment and aftercare" suggests that the plan should not only offer treatment alternatives. The steering committee decided that "treatment planning" meant needs assessment. Project staff were directed to proceed with a needs assessment of the prevention, treatment, and aftercare needs of youth, ages 10 - 17.

### Program

Again, although the legislation directs the development of a "program," the steering committee thought it unlikely that one program could effectively meet the prevention, treatment, and aftercare needs of African American youth. The Task Force

believes that the solutions require collaboration. Thus, the steering committee determined that the final study will recommend the components required to meet the prevention, treatment, and aftercare needs of Summit University youth.

Summit University Area

The Summit University (SU) area traditionally is viewed as being bound by University (north), Western (east), Summit (south), and Lexington (west). The enabling legislation chose Summit University because of its high concentration of African Americans, and therefore, African American youth. However, the African American community is usually defined as an area bound by Lexington Avenue (west), University Avenue (north), Rice Street (east) and Selby Avenue (south). This area also coincides with U.S. census tracts 335 - 340. This is the area that the Metropolitan Council refers to as the African American community. The steering committee felt the legislation was more concerned with where African Americans were concentrated than requiring the study to use any one community. The steering committee accepted project staff's recommendation that for the purposes of this project, the Summit University area be defined as census tracts 323, 325 - 327, 334 - 340, and 353 - 355. **(Please see Figure 1 below.)**

**SUMMIT UNIVERSITY AREA**

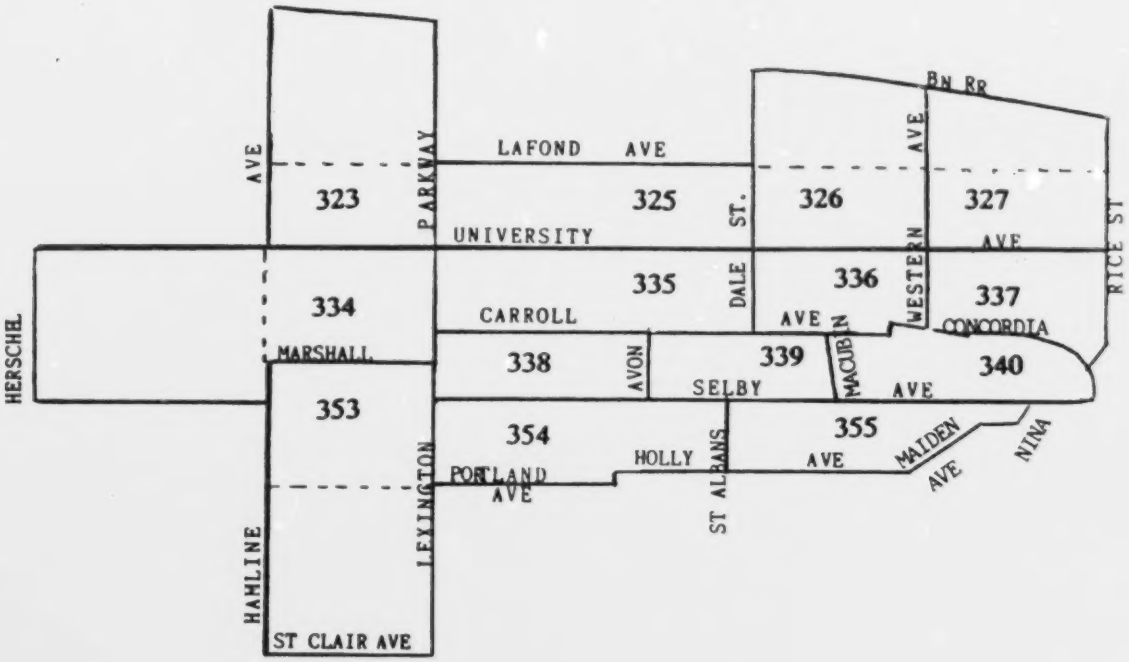


FIGURE 1

Culturally-Based

The steering committee accepted the project staff's recommendation that the definition for culturally-based should emerge from the literature. Accordingly, culturally-based services for African Americans include suggestions for types of services, the mode of services, the attitude and knowledge-base of the therapist, and to the context of the services.

One author suggests that all services to African Americans should be delivered in the context of the African American historical experience of neocolonialism, survival, and liberation (Gilbert, 1974). Neocolonialism is a concept that helps one understand issues/problems in the African American community. Many of the strengths and weaknesses observed within the African American community are adaptations to accommodate this historical perspective. The building of a parallel socio-economic structure and the mythical power of "the man" occured as a result of this perception. Survival is presented as "a way of viewing needs and services." Gilbert suggests that liberation is a goal sought by African Americans "seeking freedom from oppression." Blacks must be seen as bicultural and having to incorporate a dual perspective regarding the "nurturing black world" and "the sustaining white world" (M.L.P. Ziter, 1987). Harper strongly recommends group therapy for African Americans using directive, supportive, and information-giving techniques (Harper, 1984). Finally, the therapist must be empathetic, knowledgeable about their clients' history, culture, and mores including language, "family dynamics, male/female relationships, education, and mental health" (Thompson and Simmons-Cooper, 1988).

Drugs

The steering committee and project staff assumed that the project would focus on illicit or illegal drugs. However, once the literature review began and as the interviewing proceeded it became clear that the project had to broaden its working definition of drugs. First, it became evident that for those who used drugs in the age group of 10 - 17, alcohol was the preferred substance. And although alcohol is an illegal substance for youth under study, its use was clearly perceived differently by both the users and the study.

Tobacco and tobacco products were eliminated as a study emphasis because few African American youth used them. For example, more African American youth smoked marijuana than tobacco. Youth in the focus meetings were unanimous in their perceptions in this area.

Initially, the project included inhalants as a possible entry modality for youth in the 10 - 12 year sub-group. However, our informants indicated that few African American youth are involved, significantly, with inhalants. If they were involved in the drug industry, it was usually as runners, lookouts, and stash keeper.

HIGH-RISK

Here as with "culturally-based," the steering committee and project staff determined that the definition of "high-risk" would have to emerge from the literature review and field study. Accordingly, the following emerged as "high-risk" factors.

- parent, sibling, or close relative involvement with drugs
- poverty
- low self-esteem
- lack of success in school
- family instability
- residing in a never-married, female-headed household
- lack of future career goals

There is a corollary to "high-risks" factors. That is, what can reduce a youth's vulnerability to becoming involved with drugs? In addition to the absence of the high risk factors noted above, youth were less likely to get involved in any aspect of drugs if they had a structured, spiritual, belief system or a respected person who cared for them.

## METHODOLOGY

After developing the above definitions that help clarify its charge, The Task Force settled on a methodology that included:

- LITERATURE REVIEW
- NEEDS ASSESSMENT
  - Population Study
  - Demographic Study
  - Socio-Economic Study
  - Service Provider Inventory
  - Key Informant Interviews
  - Youth Focus Meeting
  - Town Meetings
- HEARINGS
- FINAL REPORT
  - Findings
  - Recommendations

The literature review provided the context and framework by yielding baseline information for the project. Materials from the literature review will be incorporated throughout the report.

The needs assessment, the major effort of the project, includes a population study which helps us better understand the number of youth in the Summit University area.

The population study answered the question, how many people/youth live in the Summit University Area?

The Service Provider Inventory helped the Task Force answer the question, what services are available for youth in Summit University? The inventory includes culturally-sensitive, chemical dependency and substance abuse services in Hennepin and Ramsey counties. Also included in the inventory are culturally-sensitive services that can play a role in reducing the risk factors for African American youth in Summit University.

The demographic and socio-economic studies were conducted to help project staff and The Task Force better understand the conditions confronting African Americans in Summit University. This was one way to determine the needs of the community.

Two other ways of determining needs in the community, key informant interviews and focus meetings, proved to be very useful. Nearly twenty informal interviews (ranging in time up to over two hours) were conducted with service providers and community professionals, many of whom lived in the Summit University Area. A list of the individuals interviewed is attached as **Appendix B.**

Over seventy youth in five focus meetings discussed many issues with project staff. These discussions had a profound effect on the direction and results of the study. **Appendix C.** lists their names and school or organization.

Five town meetings were held in an attempt to involve the community in the data gathering process and to promote interchanges of ideas between community and service providers in the five key governmental systems that have the most impact on African American youth. These key systems are: human services, juvenile justice, public schools, jobs and training, and culture and recreation. The names of the participants/presenters for these town meetings are included in **Appendix D.**

The information collected in the key informant interviews, youth focus meetings, town meetings and hearings will be incorporated throughout this report.

The report that follows does not claim to be a scientific, statistically significant rendering of the needs of the Summit University African American community. The financial and non-financial resources at the disposal of the Task Force were not sufficient to accomplish this. All involved, however, feel strongly that the findings and recommendations are convincingly supported by anecdotal and national information, both general and local research, as well as Summit University-based research, and the literature review. The Task Force and project staff stand firmly behind our findings and recommendations.

# NEEDS ASSESSMENT

## POPULATION STUDY

It is important to carefully analyze population data for one major reason--to get a firm handle on the number of African American youth in the area who are potentially at risk for abusing or using drugs or participating in the drug industry. For example, in 1990, the state paid for the treatment of only forty-six African American youth. While almost everyone feels this number is phenomenally low, there currently is no data to support this belief. At the same time, we will gather data about the diversity in the area to assist organizations who wish to better target their services.

The population will be examined from two perspectives: the Summit University area consisting of census tract 323, 325 - 327, 334 - 340, and 353 - 355, and a subset of the Summit University area; the African American community consisting of census tracts 335 - 340. **(Please refer to page 4, Figure 1: Summit University Area.)**

Also, since we are primarily concerned with the portion of the population under eighteen, both areas will be examined for both the number of youth in the under 18 age group as well as the age group 10 - 17.

Summit University Area

The total population of Saint Paul is 223,947. People of color represent 13.3 percent ofSaint Paul's population. Over 36,000 individuals reside in the Summit University area. The area is the most racially and culturally diverse area in Saint Paul **(Please see below, Figure 2: Summit University Area Population 1990.)**

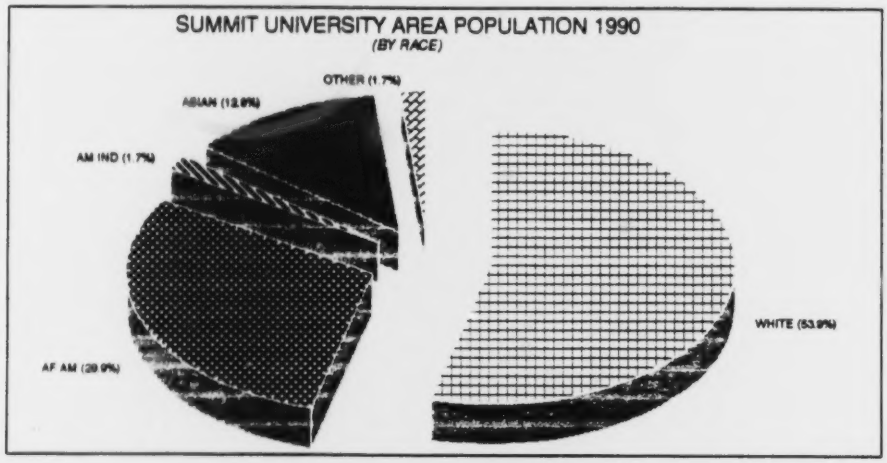


FIGURE 2

Thirty percent of the residents in Summit University are African American. People of color comprise over 44 percent of the area. Just over a third of St Paul's people of color reside in the Summit University area.

African American Community

Just over 11,000 people reside in what is generally referred to as the African American community. Surprisingly, African Americans comprise only 54 percent of the population in this area. This is so because the African American community is more culturally diverse than the Summit University area. Seventy-two percent of the residents in the African American community are people of color. Just under eighteen percent of the city's people of color reside in the African American community. (**Please see below, Table I: Summit University Area Population by Race - 1990.**)

SUMMIT UNIVERSITY AREA POPULATION BY RACE - 1990

| CENSUS | TOTAL | POPULATION BY RACE | | | | | TOTAL | PERCENT | |
|---|---|---|---|---|---|---|---|---|---|
| TRACTS | POP | WHITE | AF AM | AM IND | ASIAN | OTHER | P OF C* | P OF C* | AF AM |
| 323 | 3,427 | 2,914 | 283 | 43 | 156 | 31 | 482 | 14% | 8% |
| 325 | 3,967 | 2,006 | 844 | 72 | 898 | 147 | 1,814 | 46% | 21% |
| 326 | 3,067 | 1,464 | 558 | 167 | 781 | 97 | 1,506 | 49% | 18% |
| 327 | 2,275 | 1,039 | 597 | 64 | 490 | 85 | 1,151 | 51% | 26% |
| 334 | 3,035 | 2,104 | 615 | 40 | 246 | 30 | 901 | 30% | 20% |
| 335 | 2,978 | 365 | 2,371 | 27 | 182 | 33 | 2,580 | 87% | 80% |
| 336 | 970 | 102 | 691 | 10 | 159 | 8 | 860 | 89% | 71% |
| 337 | 1,516 | 600 | 522 | 30 | 348 | 16 | 900 | 59% | 34% |
| 338 | 1,793 | 345 | 1,293 | 33 | 99 | 23 | 1,425 | 79% | 72% |
| 339 | 1,548 | 587 | 693 | 22 | 230 | 16 | 945 | 61% | 45% |
| 340 | 2,450 | 1,074 | 554 | 19 | 775 | 28 | 1,348 | 55% | 23% |
| 353 | 4,232 | 3,480 | 622 | 25 | 47 | 58 | 694 | 16% | 15% |
| 354 | 2,525 | 1,461 | 903 | 45 | 99 | 17 | 1,047 | 41% | 36% |
| 355 | 2,589 | 2,074 | 315 | 17 | 158 | 25 | 490 | 19% | 12% |
| AF AM | 11,255 | 3,073 | 6,124 | 141 | 1,793 | 124 | 8,058 | 72% | 54% |
| S U ARE | 36,372 | 19,615 | 10,861 | 614 | 4,668 | 614 | 16,143 | 44% | 30% |

Source: 1990 Census-Summary Tape File 1A (Machine Readable Data File)
*P of C = People of Color

Summit University Area Youth

There are 10,619 youth under age n the Summit University area. Almost 40 percent are African American. Recall that only 30 percent of the residents of Summit University area are African American. In fact, without exception, in every census tract in the Summit University area the proportion of African American youth under 18

exceeds the percent of African Americans in the total population. **(Please see below, Table II: Summit University Area African American Youth Under 18 - 1990.)**

SUMMIT UNIVERSITY AREA AFRICAN AMERICAN YOUTH UNDER AGE 18 - 1990

| | A | B | C | D | | | | |
|---|---|---|---|---|---|---|---|---|
| CENSU TRACT | TOTAL POP | AF AM POP | POP UND 18 | AF AM UND 18 | % OF AF AM POP(1) | % OF TO AF AM P | % OF TO POP UND | % OF TO SU POP(4 |
| 323 | 3,427 | 283 | 838 | 103 | 36.4% | 2.5% | 12.3% | 3.0% |
| 325 | 3,967 | 844 | 1,457 | 398 | 47.2% | 9.6% | 27.3% | 10.0% |
| 326 | 3,067 | 558 | 1,159 | 285 | 51.1% | 6.8% | 24.6% | 9.3% |
| 327 | 2,275 | 597 | 807 | 271 | 45.4% | 6.5% | 33.6% | 11.9% |
| 334 | 3,035 | 615 | 623 | 220 | 35.8% | 5.3% | 35.3% | 7.2% |
| 335 | 2,978 | 2,371 | 1,017 | 835 | 35.2% | 20.0% | 82.1% | 28.0% |
| 336 | 970 | 691 | 394 | 279 | 40.4% | 6.7% | 70.8% | 28.8% |
| 337 | 1,516 | 522 | 491 | 224 | 42.9% | 5.4% | 45.6% | 14.8% |
| 338 | 1,793 | 1,293 | 591 | 417 | 32.3% | 10.0% | 70.6% | 23.3% |
| 339 | 1,548 | 693 | 559 | 285 | 41.1% | 6.8% | 51.0% | 18.4% |
| 340 | 2,450 | 554 | 689 | 191 | 34.5% | 4.6% | 27.7% | 7.8% |
| 353 | 4,232 | 622 | 924 | 206 | 33.1% | 4.9% | 22.3% | 4.9% |
| 354 | 2,525 | 903 | 716 | 358 | 39.6% | 8.6% | 50.0% | 14.2% |
| 355 | 2,589 | 315 | 354 | 93 | 29.5% | 2.2% | 26.3% | 3.6% |
| AF AM | 11,255 | 6,124 | 3,741 | 2,231 | 36.4% | 53.6% | 59.6% | 19.8% |
| SU | 36,372 | 10,861 | 10,619 | 4,165 | 38.3% | 100.0% | 39.2% | 11.5% |

Source: 1990 Census-Summary Tape File 1A (Machine Readable Data File)

AF AM = African American
SU = Summit University
UND = Under
% = Percent
TOT = Total
POP = Population
CT = Census Tract

(1)% OF AF AM POP = Percent of African Americans in this census tract that is under 18 (COL D/B)
(Example: 36.4% of the African American population in census tract 323 is under 18.)
(2)% OF TOT SU AF AM POP = Percent of the Summit University African American population in this census tract that is under 18 (COL. D/ 4,165)
(Example: 20% of Summit University's African American youth under 18 live in census tract 335)
(3)% OF TOT POP UND 18 = Percent of total population under 18 that is African American (COLS. D/C)
(Example: 70.6% of the youth under 18 in census tract 336 are African American.)
(4)% OF TOT SU POP = Percent of the total Summit University population in this census tract that is African American and under 18 (COLS. D/A)
(Example: 28.8% of the total population in census tract 336 is African American and under 18)

TABLE II

Nearly 3,400 youth ages 11 - 17 (Census 1990, 10 - 16 plus one year) reside in the SU area with over 43 percent (1,467) being African American. As with youth under 18, the proportion of African American youth ages 11 - 17 exceeds the proportion of African Americans in the population. African American youth range from 17.1 percent in census tract 323 to 84.5 percent in tract 335. **(Please see below, Table III: Summit University Youth Ages 10 to 16 - 1990.)**

SUMMIT UNIVERSITY YOUTH 10 T0 16 - 1990

| CENSUS | TOT YTH | TOTAL YOUTH POPULATION | | | | | TOTAL | PERCENT | | |
|---|---|---|---|---|---|---|---|---|---|---|
| TRACT | 10-16 | WHITE | AF AM | AM IND | ASIAN | OTHER | P OF C | P OF C | AF AM | AA YTH P |
| 323 | 293 | 199 | 50 | 5 | 38 | 1 | 94 | 32.1% | 17.1% | 3.4% |
| 325 | 468 | 151 | 164 | 7 | 124 | 22 | 317 | 67.7% | 35.0% | 11.2% |
| 326 | 304 | 95 | 63 | 27 | 102 | 17 | 209 | 68.8% | 20.7% | 4.3% |
| 327 | 249 | 72 | 75 | 9 | 82 | 11 | 177 | 71.1% | 30.1% | 5.1% |
| 334 | 178 | 106 | 41 | 4 | 21 | 8 | 72 | 40.4% | 23.0% | 2.8% |
| 335 | 394 | 16 | 333 | 3 | 38 | 4 | 378 | 95.9% | 84.5% | 22.7% |
| 336 | 140 | 3 | 99 | 2 | 34 | 2 | 137 | 97.9% | 70.7% | 6.7% |
| 337 | 123 | 17 | 68 | 1 | 35 | 2 | 106 | 86.2% | 55.3% | 4.6% |
| 338 | 198 | 31 | 140 | 4 | 18 | 5 | 167 | 84.3% | 70.7% | 9.5% |
| 339 | 181 | 24 | 105 | 5 | 45 | 2 | 157 | 86.7% | 58.0% | 7.2% |
| 340 | 158 | 12 | 52 | 0 | 94 | 0 | 146 | 92.4% | 32.9% | 3.5% |
| 353 | 312 | 207 | 86 | 5 | 6 | 8 | 105 | 33.7% | 27.6% | 5.9% |
| 354 | 283 | 94 | 159 | 12 | 17 | 1 | 189 | 66.8% | 56.2% | 10.8% |
| 355 | 111 | 51 | 32 | 1 | 26 | 1 | 60 | 54.1% | 28.8% | 2.2% |
| AF AM | 1,194 | 103 | 797 | 15 | 264 | 15 | 1,091 | 91.4% | 66.8% | 54.3% |
| SU AREA | 3,392 | 1,078 | 1,467 | 85 | 680 | 82 | 2,314 | 68.2% | 43.2% | 100.0% |

Source: 1990 Census-Summary Tape File 1A (Machine Readable Data File)

TABLE III

From **Table II**, page 10 and **Table III: Summit University Youth 10 to 16 - 1990 above**, please note the following:

- The percent of the African American population that is under age 18 in each census tract ranges from a low of 29.5 percent in census tract 355 to a high of 51.1 percent in census tract 326.

- Just under 62 percent of the African American population under age 18 lives west of Dale Street.

- Almost 30% of the SU population is under eighteen years of age. Forty percent of the population under 18 is African American.

- Nearly 60 percent of the 3,741 youth under 18 in census tracts 335 - 340 (the African American community) are African American.

- African American youth under age 18 as a percent of the total population in each census tract range from a low of 3 percent in census tract 323 to 28.8 percent in census tract 336. The same age youth comprise only 11.5 percent of SU.

In summary, the Summit University area remains the city's most diverse area with

over 44 percent of its residents being people of color. Over a third of the city's people of color reside in an area containing approximately 10 percent of the city's land. Population data tells us that the African American population in Summit University is young, with the center of the population slowly shifting east to west and south to north. Since 1980 the concentration of African Americans in Summit University has remained stable even though the African American population in St Paul has increased by 51%. Forty-nine percent of the youth in the Summit University area fall in the study's target age group of 10 - 17. This, then, is the population of Summit University. We turn now to the demographic characteristic of the area.

## DEMOGRAPHICS

### Birthrate

Across the United States the birth rate for African Americans has fallen precipitously in all categories since the early 1960s'. Nevertheless, African American women of childbearing age will still bare .5 more children than white women will during the same period. All categories have not seen equal declines. The fertility rate for never married women has increased significantly. At the same time, the fertility rate for married women has dropped below replacement. Thus, nationally "by the mid-1980's, 6 of 10 African American births were to unmarried women" (National Research Council, 1989.) For whites the ratio is 1 in 8. The ratio of births of unmarried to married women in Saint Paul are thought to be similer to the national ratio.

### Families and Households

The U.S. census defines a family as two or more related individuals living in the same household. They may be related by blood, marriage or adoption. There are three kinds of families; husband and wife; female-headed; and male-headed with no wife present. Households are families as described in addition to single persons living alone, unrelated persons cohabiting, and unrelated persons sharing living space. In 1980, there were 7,375 families and 13,060 households in the SU area. There were 2,035 families and 3,852 African American households in the African American community.

Complete data on African American families in the Summit University area is unavailable for 1980. However, for the tracts for which information is available (335, 336, 338-340, 353 and 354), the African American family breakdown in the African American community is as follows; 1,343 families, 674 husband-wife families, and 581 female-headed families. Thus, over 43 percent of the families in the African American community were headed by a female. The comparable statistic for all of St. Paul in 1980 was 18.5 percent. Finally, the husband/wife African American family proportion for the Summit University area and the African American community are the same. **(Please see below, Table IV: Summit University Household and Family Status - 1980 and Table V: Summit University Socio-Economic Data - 1980.)**

## SUMMIT UNIVERSITY HOUSEHOLD AND FAMILY STATUS - 1980

| CENSUS TRACTS | AF AM FAMILIES | HUSB/WIFE FAMILIES | SNGI-FEM FAM | OTHER | PERCENT HUS/WIFE | PERCENT SING-FEM | PERCENT OTHER |
|---|---|---|---|---|---|---|---|
| 335 | 607 | 354 | 219 | 34 | 58% | 36% | 6% |
| 336 | 157 | 58 | 90 | 9 | 37% | 57% | 6% |
| 338 | 354 | 167 | 163 | 24 | 47% | 46% | 7% |
| 339 | 119 | 64 | 49 | 6 | 54% | 41% | 5% |
| 340 | 106 | 31 | 60 | 15 | 29% | 57% | 14% |
| 353 | 161 | 93 | 58 | 10 | 58% | 36% | 6% |
| 354 | 241 | 102 | 120 | 19 | 42% | 50% | 8% |
| SU AREA | 1,745 | 869 | 759 | 117 | 50% | 43% | 7% |
| AF AM | 1,343 | 674 | 581 | 88 | 50% | 43% | 7% |

(SOURCE: US CENSUS 1980)

TABLE IV

## SUMMIT UNIVERSITY AREA SOCIO-ECONOMIC SUMMARY - 1980

| Census Tract | Number of Housholds | Number F Below Pov | HH REC' P A INC | Number of Families |
|---|---|---|---|---|
| 323 | 1,377 | 18 | 39 | 992 |
| 325 | 1,430 | 112 | 1,430 | 913 |
| 326 | 1,073 | 130 | 228 | 739 |
| 327 | 819 | 101 | 165 | 444 |
| 334 | 1,371 | 109 | 153 | 616 |
| 335 | 1,116 | 73 | 191 | 705 |
| 336 | 390 | 86 | 133 | 203 |
| 337 | 519 | 28 | 117 | 177 |
| 338 | 697 | 65 | 120 | 451 |
| 339 | 318 | 34 | 38 | 215 |
| 340 | 812 | 69 | 147 | 284 |
| 353 | 1,838 | 40 | 64 | 1,005 |
| 354 | 906 | 87 | 177 | 530 |
| 355 | 394 | 19 | 30 | 101 |
| Af Am Tot | 3,852 | 355 | 746 | 2,035 |
| S U Total: | 13,060 | 971 | 3,032 | 7,375 |

(Source: U.S. Census, 1980)

TABLE V

In 1989, 87 percent of African American children under the age of three resided in the female-headed household of a never-married woman (A Common Destiny: 1989). Such families are at high risk of being poor and living below the poverty line. In fact, over 43 percent of such families are below poverty. For Summit University in 1989, 53.5 percent of African American family households with children (2,114) are headed by a female. Just under 54 percent of all African American family households in SU are headed by females. Only 38 percent of family households in SU consist of married-couple families. The percent of African American female-headed households ranges from a low of 37.1 percent in tract 323 to 77.9 percent in tract 337. The comparable figure for Saint Paul is 23 percent. **(Please see below, Table VI: Summit University Household and Family Status - 1990).**

SUMMIT UNIVERSITY AREA HOUSEHOLD AND FAMILY STATUS BY RACE - 1990

| CENSUS | TOT AA | TOT AA | MARRIED COUPLE | | MALE FAMILY HH | | FEMALE FAM HH | | |
|---|---|---|---|---|---|---|---|---|---|
| TRACTS | HH | FAM HH | W/CHILD | NO CHILD | W/CHILD | NO CHILD | W/CHILD | NO CHILD | TOTAL |
| 323 | 84 | 70 | 28.6% | 27.1% | 2.9% | 4.3% | 30.0% | 7.1% | 37.1% |
| 325 | 237 | 192 | 28.6% | 8.3% | 5.7% | 3.1% | 48.4% | 5.7% | 54.2% |
| 326 | 141 | 115 | 27.8% | 5.2% | 2.6% | 1.7% | 55.7% | 7.0% | 62.6% |
| 327 | 210 | 159 | 16.4% | 8.8% | 8.2% | 4.4% | 55.3% | 6.9% | 62.3% |
| 334 | 255 | 152 | 21.7% | 10.5% | 5.3% | 5.9% | 52.0% | 4.6% | 56.6% |
| 335 | 839 | 580 | 23.1% | 21.2% | 5.7% | 3.1% | 33.6% | 13.3% | 46.9% |
| 336 | 261 | 189 | 25.4% | 11.6% | 1.6% | 3.7% | 50.8% | 6.9% | 57.7% |
| 337 | 207 | 122 | 14.8% | 4.1% | 1.6% | 1.6% | 69.7% | 8.2% | 77.9% |
| 338 | 440 | 325 | 20.6% | 21.8% | 4.0% | 3.7% | 34.8% | 15.1% | 49.8% |
| 339 | 224 | 163 | 21.5% | 10.4% | 3.7% | 3.7% | 47.2% | 13.5% | 60.7% |
| 340 | 243 | 117 | 18.8% | 12.8% | 2.6% | 1.7% | 56.4% | 7.7% | 64.1% |
| 353 | 203 | 154 | 31.2% | 20.8% | 5.2% | 3.2% | 31.2% | 8.4% | 39.6% |
| 354 | 272 | 198 | 28.3% | 8.6% | 5.6% | 3.5% | 39.9% | 14.1% | 54.0% |
| 355 | 123 | 52 | 21.2% | 9.6% | 9.6% | 3.8% | 51.9% | 3.8% | 55.8% |
| A AM | 2,214 | 1,496 | 21.7% | 16.9% | 4.0% | 3.1% | 42.2% | 12.0% | 54.3% |
| S U | 3,739 | 2,588 | 23.4% | 14.6% | 4.7% | 3.4% | 43.7% | 10.2% | 53.9% |

SOURCE: 1990 Census-Summary Tape File 1A (Machine Readable Data File)

TABLE VI

In summary, most African American youth (over 82 percent) will spend some portion of their life in a female-headed household. These families are at risk for being poor. These youth are less likely to receive the amount of physical, spiritual, and emotional support they require during critical times in their development. Some of these youth will turn to drugs and the drug industry.

Socio-Economic

*Income*

The following data is summarized above, page, 13 in **Table V: Summit University Socio-Economic Data and below Table VII: Summit University Socio-Economic Summary 1980.** All of the following discussion is based on 1980 data unless stated otherwise.

SUMMIT UNIVERSITY AREA SOCIO-ECONOMIC SUMMARY - 1980

| Census Tract | Percent HH on PA | Percent Fam Below Pov | Median Fam Inc | Median HH Inc | Percent HS Grad | Percent AF AM '80 | Percent AF AM '90 |
|---|---|---|---|---|---|---|---|
| 323 | 3% | 2% | $21,125 | $18,725 | 72% | 4% | 8% |
| 325 | 12% | 12% | $18,856 | $14,159 | 59% | 9% | 21% |
| 326 | 21% | 18% | $14,861 | $12,686 | 51% | 6% | 18% |
| 327 | 20% | 23% | $14,306 | $11,483 | 56% | 7% | 26% |
| 334 | 11% | 18% | $12,321 | $9,302 | 67% | 10% | 20% |
| 335 | 17% | 10% | $16,096 | $11,999 | 59% | 79% | 80% |
| 336 | 34% | 42% | $8,398 | $5,551 | 47% | 67% | 71% |
| 337 | 23% | 16% | $11,202 | $6,369 | 41% | 19% | 34% |
| 338 | 17% | 14% | $15,767 | $15,295 | 69% | 73% | 72% |
| 339 | 12% | 16% | $19,137 | $18,712 | 70% | 46% | 45% |
| 340 | 3% | 24% | $13,696 | $8,967 | 63% | 23% | 23% |
| 353 | 4% | 4% | $21,337 | $15,636 | 82% | 16% | 15% |
| 354 | 20% | 16% | $17,702 | $14,539 | 78% | 40% | 36% |
| 355 | 8% | 19% | $9,196 | $11,548 | 63% | 8% | 12% |
| AF AM COM | 19% | 17% | | | | | |
| S U AREA | 27% | 13% | | | | | |

(SOURCE U.S. CENSUS, 1980)

TABLE VII

Median household income in the Summit University area in 1979 ranged from $5,551 (census tract 336) to $18,725 (census tract 323). Median family income ranged from $8,967 in census tract 336 to $21,337 in census tract 353. Median income in St. Paul in 1980 was $16,027. **(Please see Figure 3, page 16, Median Income.)**

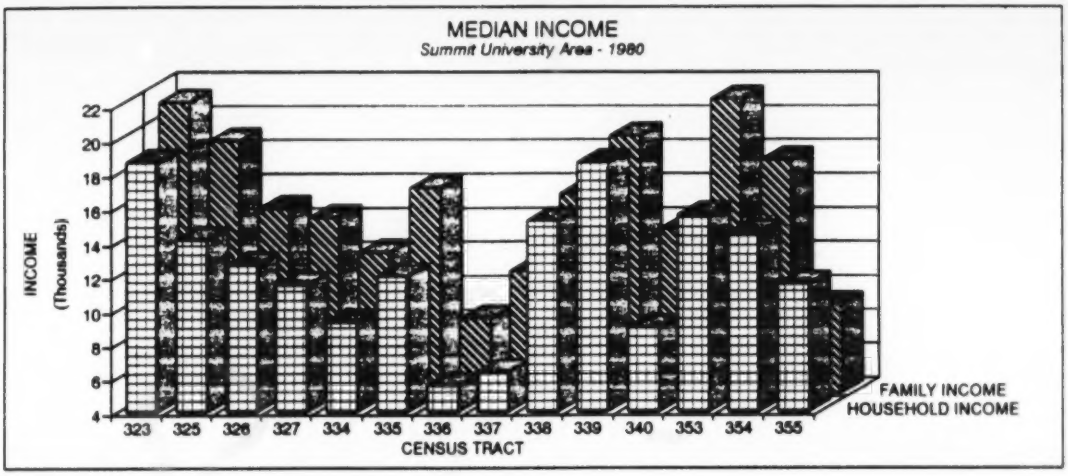


FIGURE 3

Just under one thousand (971) families (13 percent) in SU and 355 households (17 percent) in the African American community lived below poverty. In the Summit University area the percent of the households in each census tract that was below poverty ranged from 2 percent in census tract 323 to 42 percent in census tracts 336. In 1979, the Saint Paul poverty rate for all families was eight percent. (**Please see Figure 4, below, Families Below Poverty - 1979**).

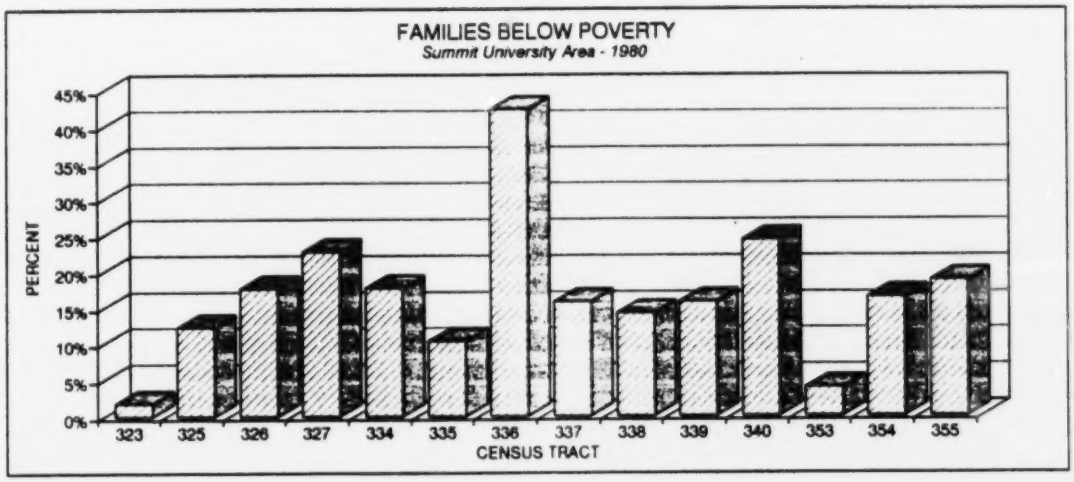


FIGURE 4

Over three thousand (3,032) households in SU received some form of public assistance in 1979. Census tract 323 had the lowest percent of residents receiving public assistance (3 percent.) The highest was census tract 336 (34 percent.) Eight percent of St. Paul's residents receive some form of public assistance.

Although SU is diverse with respect to income, one subarea is consistently at the low end of the economic scale. That area is the African American community. The six census tracts (335 - 340) commonly referred to as the African American community, were consistently low on all measures of income. This is an accurate representation of the relative position of African Americans economically in the area. However, for several reasons, the statistics may not be completely accurate. First, recall that this area is only 54 percent African American. The other large population in this area, Southeast Asians, usually are proven to have lower incomes than African Americans. Southeast Asians comprise 16 percent of this area. In addition, tract 336, the census tract with the smallest number of residents and that often seems lowest on income measure also, upon visual examination, has the most suburban feel to it. This area is bi-modal consisting of a small number of upper-middle to high income individuals and a much, much, larger number of low income persons, many of whom are either senior citizens or Asian. As a result, median income in this tract may be overstated.

*Wealth*

In recent years, demographers and statisticians have attempted to find other measures of economic well-being. Income, they feel, is simply a measure of what happened in any given year and without also knowing expenses, not a true measure of economic status. Consequently, many demographers have attempted to determine the disparity between the wealth African Americans have accumulated versus the accumulation of wealth of other groups. Nationally, it is believed that whites enjoy a ten to one advantage over African Americans when wealth is considered. Further, practically all of the wealth of African Americans lay in their dwellings.

Below we use household value as a measure of wealth in the African American and Summit University areas. **(Please see page 18, Table VIII: Summit University Average Household Value - 1990)**. As can be seen from the table, there are more census tracts in which African American owner-occupied housing has a higher average value than white owner-occupied housing.

Additionally, **Figure 5 (page 18)**, shows that in several census tracts African American household ownership exceeds Caucasian home ownership. However, for both the African American community and the Summit University area, on average, white wealth (as represented by home value) exceeds African American wealth using the same measure. In the African American community white wealth exceeded African American wealth by $11,095 or 18 percent. The comparable values for the Summit University area are 5,547 or 8.8 percent. Keep in mind that the figures for African Americans could

represent most of the wealth the family has been able to accumulate. Based on this analysis, we can infer that, on average, whites in the Summit University area and the African American community have accumulated more wealth than African Americans in the same areas.

## SUMMIT UNIVERSITY AREA AVERAGE HOUSEHOLD VALUE BY RACE - 1990

| CENSUS | OWNER OCCUPIED HH | | AGGREGATE VALUE | | AVERAGE VALUE | | DIFFERENCE |
|---|---|---|---|---|---|---|---|
| TRACTS | WHITE | AF AM | WHITE | AF AM | WHITE | AF AM | |
| 323 | 904 | 52 | $55,991,500 | $3,297,500 | $61,938 | $63,413 | ($1,476) |
| 325 | 450 | 90 | 24,449,000 | 5,315,000 | 54,331 | 59,056 | ($4,724) |
| 326 | 304 | 37 | 14,725,000 | 2,047,500 | 48,438 | 55,338 | ($6,900) |
| 327 | 161 | 26 | 8,022,500 | 1,255,000 | 49,829 | 48,269 | $1,560 |
| 334 | 258 | 19 | 15,570,000 | 1,210,000 | 60,349 | 63,684 | ($3,335) |
| 335 | 44 | 409 | 2,545,000 | 24,164,000 | 57,841 | 59,081 | ($1,240) |
| 336 | 5 | 69 | 432,500 | 6,070,000 | 86,500 | 87,971 | ($1,471) |
| 337 | 14 | 2 | 585,000 | 125,000 | 41,786 | 62,500 | ($20,714) |
| 338 | 50 | 210 | 3,015,000 | 12,657,500 | 60,300 | 60,274 | $26 |
| 339 | 52 | 77 | 5,020,000 | 5,168,000 | 96,538 | 67,117 | $29,422 |
| 340 | 38 | 15 | 3,487,500 | 1,250,000 | 91,776 | 83,333 | $8,443 |
| 353 | 698 | 102 | 59,107,500 | 6,846,500 | 84,681 | 67,123 | $17,559 |
| 354 | 187 | 98 | 16,885,000 | 6,514,000 | 90,294 | 66,469 | $23,825 |
| 355 | 124 | 9 | 16,110,000 | 807,500 | 129,919 | 89,722 | $40,197 |
| A AM | 203 | 782 | 15,085,000 | 49,434,500 | 74,310 | 63,215 | $11,095 |
| S U | 3,289 | 1,215 | $225,945,500 | $76,727,500 | 68,697 | 63,150 | $5,547 |

SOURCE: 1990 Census Summary Tape File 1A (Machine Readable Data File)

TABLE VIII

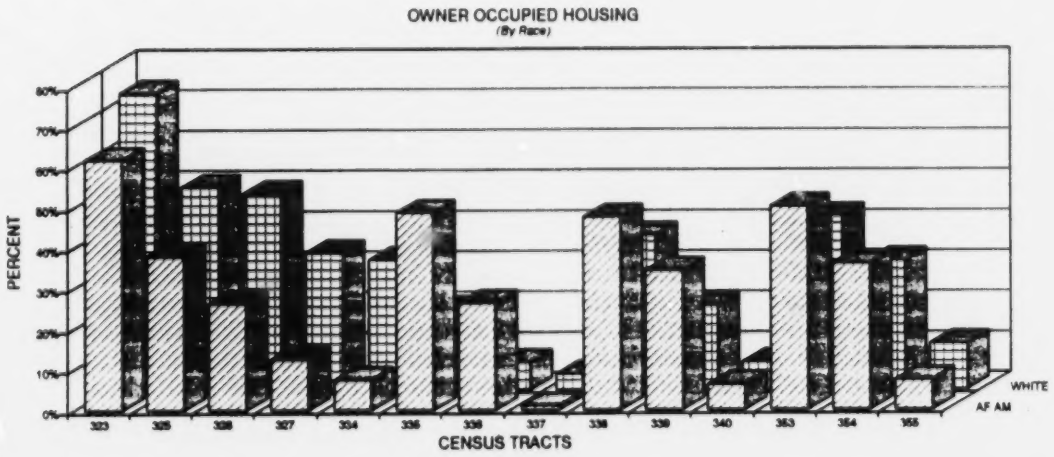


FIGURE 5

*Education*

Lack of success in school places youth at risk for use of illicit drugs and participation in the drug industry. We have chosen three indicators that imply lack of success in school: the percent who graduate high school, drop-out rate, and scores on Saint Paul's High School Competency Test. Only the first measure can be tied to the SU area. That measure is the percent of the adult population age 25 and older who have graduated from high school. (**Please see Figure 6, below High School Graduates.**) As can be seen, census tract 353 has the highest percent of high school graduates, at 81.5 percent. Only 41 percent of the adults 25 and older in census tract 337 were high school graduates. One caution should be exercised when using this measure. It tends to understate the percent of high school graduates when the population is younger or if they have only recently been able to take advantage of this opportunity. The former is true for both the African American and Asian populations in the Summit University area. The latter is true for the Southeast Asian population.

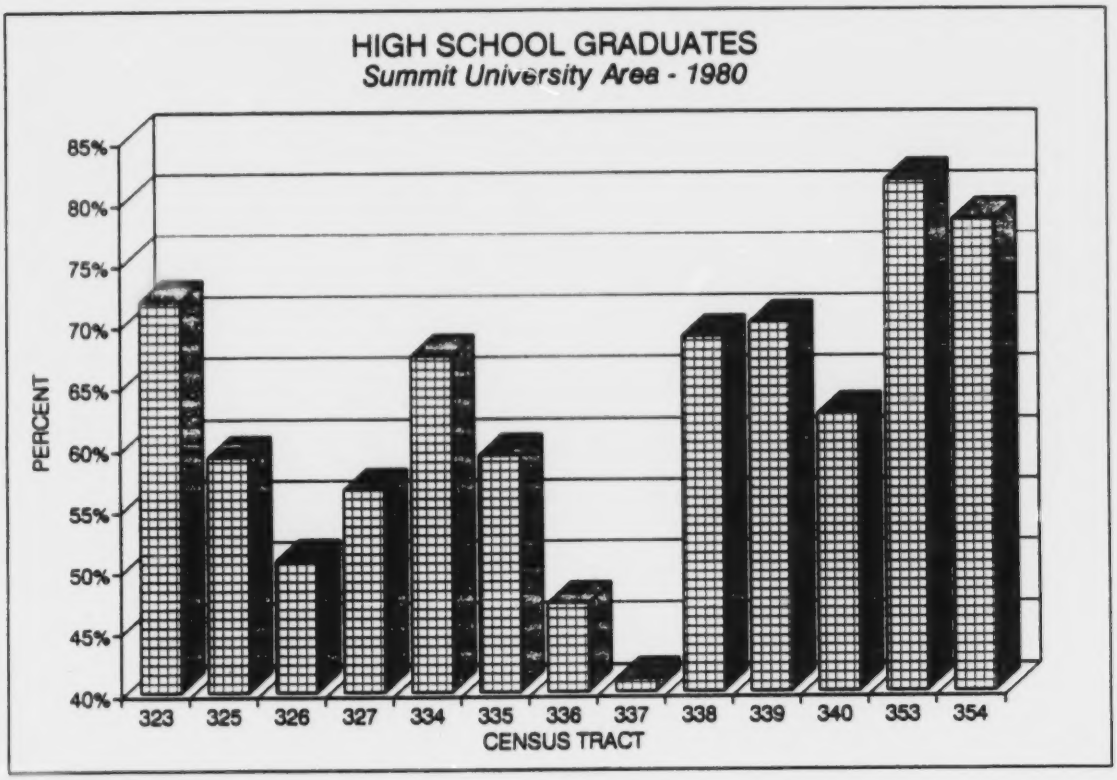


FIGURE 6

Another measure of lack of success in schools is the drop out rate. While this data is unavailable for Summit University students, there is no reason to believe that African Americans in SU would drop-out less frequently than would African Americans district-wide in the Saint Paul Independent School District 625. The district wide drop-out rate for African American students in 1989 was over 24 percent for males and 19 percent for females. Both rates are almost double what they were just five years ago.

Some of these drop-outs occurred because students perceived that they were having little success in school. However, they and the schools may be defining success too narrowly. Success in schools is measured by instruments that test cognitive ability. In order to do well in many post-secondary learning activities, cognitive ability is essential. However, schools develop cognitive skills primarily in one way--reading. Some youth could develop their cognitive skills best through hands-on manipulation. If given this opportunity early in their development they would be more successful, stay in school longer, and, as a result, maintain a sense of hopefulness longer. As long as youth are hopeful, they resist can drug involvement.

The final measure of lack of success in schools is scores by African Americans on the High School Competency Testing Program administered by Saint Paul Public Schools. The four-part test is a pass/no pass instrument. It is administered to youth in the spring for grades 9 - 12. Also, the scores relate to African Americans district-wide. The test was given to 9th and 10th graders. In an ideal world all 12th grade youth would pass the exam. In 1988, African Americans or Asians had the lowest pass rate on all sections of the test. Asians had greater success in math. African Americans had greater success than Asians in reading, language, and writing. However, when compared with whites, the gap in passing percent ranged from 17 percent in writing to 35 percent in math. Clearly African Americans are not experiencing the same amount of success in schools as others. Equally evident is that a significant number of African Americans are at risk for drug use and participation in the drug industry due to poor school performance.

*Health*

In a Common Destiny: Blacks and American Society, the National Research Council writes:

> Health is not only an important "good" in itself, it is also a determinant of life options during the entire life span. . . .lack of prenatal care leads to greater likelihood of infant death, neurological damage, or developmental impairment; childhood illnesses and unhealthy conditions can reduce learning potential; adolescent childbearing, substance abuse, and injuries cause enormous personal, social, and health effects. . . Health status is therefore an important indicator of a group's social position as well as of its present and future well-being (National Research Council, 1990.)

Good health can be purchased. Thus, being poor can also be an indicator of poor health. Many authors have suggested that the greatest reason for the observable differences in "wellness" between African Americans and whites is poverty. Because of this it is imperative that government and the private sector aid all citizenry in the pursuit of good health.

Separate health data are not available for Summit University. However, nationally the African American male mortality rate (average, mean, life expectancy at birth) lagged six years behind the mortality rate for white males. In fact, the African American male and female mortality rate in 1985 of 65.3 years, was lower that the white male rate in 1950 (66.5.) With the exception of African American women, since 1970, African Americans males die sooner than whites in every age category.

The following national health statistics could apply to Summit University:

- Infant mortality: 10.6 deaths per 1,000 overall, 9.3 whites, 18.2 for African Americans.
- Low birth weight: (the single best predictor of neonatal death and health problems) for African Americans was 12.4 per 1,000 and for whites 5.6. Blacks account for 16.2 percent of all live births but 30 percent of very low birth weight newborns (National Center for Health Statistics, 1987: in National Research Council, 1990, p. 400.)
- Maternal mortality (the number of deaths to women per 100,000 live births from complications of pregnancy or childbirth or within 90 days postpartum) in 1984 was 5.4 for whites and 19.7 for African Americans.
- The death rate for African American children is 30 - 50 percent higher than for whites.
- In 1984 20 percent of all African American births were to teenagers.

As stated above, good health can be purchased. When resources and information are unavailable, youth can suffer malnutrition, anemia, lead poisoning, and the lack of immunization and dental care (National Research Council, 1989, pp. 406 - 410.)

Fortunately, the Summit University area has a health service, Model Cities Health Center, that is very much aware of these health concerns and provides many of the above mentioned services. However, most ( 72 percent) of the clients of the Model Cities Health Center are female (Model Cities Health Clinic, 1987.) Because of this, the clinic has begun to emphasize that it provides services to families, not just infants and their mothers. One program that should drive this point home is the new "Families First" program. Families First program staff serve as advocates for their low income clients who seek to access human and social services. They do whatever is necessary to ensure that their families receive the desired services. At the same time, Families First staff attempt to get at the root cause of the problem.

*Crime*

The Summit University area is commonly depicted as being crime-infested. Yet, in a 1989 survey of S U residents, only 18 percent of the responders were "very often" concerned about their safety. Fifty-eight percent reported "not very often" being concerned about their safety. In fact, crime in the Summit University area, especially drug-related crime, dropped in the last year. Crimes by juveniles, the group under study in this report, have not dropped over the last several years. However, the rate of increase has slowed significantly.

Again, while statistics are not available for Summit University, data for Ramsey County indicates:

- Arrests have increased from 5,221 to 6,871, a 31.6 percent increase.
- Over 33 percent of those arrested came from a "minority" background.
- Narcotics offenses increased 40.4 percent from 1988-89.
- The proportion of African American juvenile arrests for narcotics offenses have increased from 4 (4.5 percent) in 1985 to 64 (41.8 percent) in 1989. In 1980 13,982 of Ramsey County's 459,685 residents (3 percent) were African Americans.
- Weapons offenses have generally declined for whites but have increased for African Americans. African American weapons offenses increased by over 50 percent from 1988 to 1989.
- Surprisingly, African American juveniles accounted for less than 1 percent of the liquor offenses by juveniles. Although key informant suggest that African American youth are more likely to drink at home or with a friend. They are less likely to appear in public when inebriated.
- The African American presence throughout the juvenile justice system has increased significantly since 1986 in all areas except probation/parole. African Americans now comprise 34 percent of the youth at Boys' Totem Town. In 1986 they were only 19 percent. Thirty-one percent of youth held in the Ramsey County Juvenile Detention Center in 1990 were African American. Only 19 percent fell into this category in 1986.

The primary point to be made concerning the socio-economic status of people residing in the Summit University area is that the African American community is relatively poor and less educated than the population as a whole. African Americans are at great physical, social, and economic risk due to their low income, poorer relative health, and (although recently improving) dangerous environment--with respect to crime. All of these factors place African American youth at high risk related to participation in drug activities. We would expect a community with these kinds of problem to have an array of preventive and interventive services. As we will see in the next section, our expectations are not completely met.

## SERVICE PROVIDER INVENTORY

Just as it was assumed that Summit University youth had a "drug use and abuse problem," many also assumed that ample service options are available to youth of this area. This did not prove to be the case in several areas:

- Youth sought activities that they could use spontaneously. They did not wish to show up at the same time, same place, from week to week.
- Youth were not well informed about services available.
- There are very few prevention programs for youth in the area and none that focus on the usage and selling of marijuana.
- There are few programs that promote employment or employment training for youth under age 15.

The service provider inventory was done in lieu of a service provider survey. The analysis was done using several service directories. We relied heavily on two service directories provided by the two area United Ways as part of their First Call for Help network. Also, steering committee and task force members provided staff with services that were not listed either because they were too new or the services provided were informal but consistent. Where an identical service was available in Ramsey County as was provided by the same-named entity as one in Hennepin County, only the Ramsey County services is listed. For example, only the Ramsey County services of Boy Scouts, Girl Scouts, Camp Fire, Boys and Girls Club, and Family and Children Services are listed. A complete list of the inventoried agencies is included in **Appendix E**. We highlight below our findings in the area of substance use and abuse services.

### RAMSEY COUNTY

Of the eight in-patient and twelve out-patient services listed, none are culturally-based. And only one is located near the Summit University area. Of the thirty chemical dependency evaluation and referral programs only one -- the Institute on Black Cemical Abuse (IBCA) is culturally-based. Of the ten residential treatment centers for youth, none are culturally-based. Of the twenty-three organizations offering support groups for the chemically dependent, two are and one may be culturally-sensitive. None have a youth orientation and only one, again IBCA, serves youth. Of the ten culturally-sensitive African American organizations in SU only three; New Beginnings, IBCA, and the Inner City Youth League, have drug prevention programs. Neither (with the possible exception of the in-school programs of IBCA) focuses on what we feel are the main problems in the community. Recall that our population analysis indicated that there were as many as 200 African American youth between the ages of 14 and 17 who

could require intensive in-patient treatment.

**HENNEPIN COUNTY**

Of the forty-one chemical dependency evaluation and referral organizations in Hennepin County, only nine seemed capable of working with adolescents, only one--IBCA--appeared culturally sensitive. Neither of the adolescent in-patient treatment organizations was culturally sensitive. Only one of sixteen Hennepin County adolescent outpatient centers--Triumph for Life, was culturally sensitive to African Americans.

This area of our study will require the most additional effort. A service provider survey must be taken. While we know what's "in the book" regarding services available, our direct knowledge of many of the agencies gives us reason to question the accuracy of the listings. This is not a negative statement. Many agencies are providing more services than are listed. Other agencies, of course, are not. Further, there is no information on capacity. How many individuals can hope to receive service?

Also, most funding sources insist on quality before funding human services program. If the agency or business is publicly funded or funded by either by the St. Paul or Minneapolis United Way, these ratings of quality and effectiveness are available to the public. Someone should take responsibility for collecting and publishing these ratings.

Likewise, several aspects of service related to an organization's capacity to be culturally sensitive to African Americans can be known only by talking directly to service organizations.

Additionally, we have great concern regarding where residents of Summit University receive services. It does no good for services to be available if they are inaccessible by public transportation. One outcome of a service provider survey would be to verify the need for transportation or the relocation of certain key services into or closer to the Summit University area.

Finally, and perhaps most importantly for future research, African American churches provide numerous services to both their congregations and the broader community. There are no church-based human or social services listed in any directory we uncovered. No service provider survey would be complete if it did not include information about services available in African American churches.

# FINDINGS

Our findings are based on all the components of the study but rely most heavily on the youth focus meetings, interviews with community professionals and residents, and the town meetings. The findings can be categorized into six areas: prevalence, drug involvement, environmental factors, economic factors, services available, and research.

## PREVALENCE

Alcohol is the chemical of choice for youth in Summit University. Over 70 - 90 percent of African American youth 13 - 17 use alcohol "socially," meaning at parties or big events. Very few youth, no more than 5 - 10 percent, use enough for other youth to think it is a problem. Nevertheless, this is a substantial number of youth. If our estimates are accurate, this amounts to 100 - 200 African American youth in the Summit University area alone.

Few youth in our study age group use cocaine or cocaine derivatives. Youth and professionals alike agree that no more that 5 to 10 percent of African American youth use cocaine--with girls more likely than boys to smoke crack. The attitude of youth about cocaine and crack is that they want to get high, not become terminally dependent or dead. They fully understand the dangers associated with crack. Youth and professionals did indicate, however, that a larger percent of youth eighteen and older use crack and cocaine. We believe that this is true because, in addition to youth using more of all drugs as they get older, African American youth may turn to crack in particular as they perceive their chances for success becoming less and less a possibility. More about this, later. Again, this amounts to 100 to 200 youth who could have serious drug difficulties and be creating serious problems for society.

Marijuana is smoked by 50 - 70 percent of African American youth. Again, youth claim that no more than 5 - 10 percent of the youth that smoke are "pot-heads." Although the use statistics are alarming, what is more alarming is the attitude of youth about using "weed." Most see nothing wrong with smoking it. They think marijuana is harmless. Their attitude towards "weed" is very similar to their parents' attitude towards alcohol. "If you can hand'l it, it's ok." Again, if our numbers are accurate, at least 1,000 African American youth in the Summit University area are smoking "weed" socially.

Finally, we did not find inhalants to be the problem that we expected with youth at a younger age. Youth and professionals alike indicated that kids 10 - 12, for the most part, do not participate in the drug scene unless a parent or sibling is involved with drugs.

## DRUG INVOLVEMENT

Many African American youth are involved with the drug business, few are users, and fewer still are abusers. In the focus meetings, youth consistently reported that over 50 percent of the kids they know in the 13 - 17 year age group "serve" (sell) drugs. We believe this percent to represent all the kids who have ever sold drugs--including the youth who only "serve" for a very short period of time. Apparently, at the level these kids sell, entry and exit is fluid. About half of the kids selling do so because of poverty. The other half do so because of greed, conspicuous consumption, and conspicuous non-consumption. The latter includes kids who serve for the status and power they feel. The youth told of a kid who sold drugs and made plenty of money that he would "flash cash," but bought "cheap clothes" and "Montgomery Wards tennis shoes."

Youth felt that kids with a strong self-concept and identity were less likely to sell drugs. They also said as they understood more and more about the role drugs play in the African American community and how drugs affect African American unity, they became less and less willing to sell or do drugs. Youth and community professionals believe that the following conditions put kids at high risk for drug involvement:

- parent, sibling or close relative involved with drugs
- very close and trusted friend involved with drugs
- poverty
- low self-esteem
- lack of success in school
- family instability
- residing in a female-headed household (especially a never-married female)
- lack of future career or life's goals

These at-risk factors are also mentioned in the literature. It follows then that there should be programs in place to nullify or diminish the effect of these factors.

Youth are more likely to participate in and/or use drugs directly in proportion to their perception that they can be successful in the world on their own terms. Because of their participation pattern, if reached in a timely fashion and if this contact is sustained, youth can be convinced to not participate in the drug scene. Of course, not all youth can be so convinced. However, a significant number would. As long as youth can "keep hope alive," they fight drug involvement. We must find ways to help them in this quest.

## ENVIRONMENTAL FACTORS

The environmental factors that contribute to youth susceptibility to participation in the drugs industry are: the high tolerance youth and the African American community have for substance abuse; the special vulnerability these youth have to advertising; and an "ends justifies the means" attitude towards the selling of drugs.

Youth, family, and community have a high tolerance for substance use/abuse. Again, if you can "hand'l" it, anything goes. Youth concurred with this as did community professionals and the literature. As a result, all things being equal, living in the African American community could be an at-risk factor for drug involvement. However, all things are not equal. African Americans, especially the poor, support each other. Whether spiritually, emotionally, or financially poor African Americans share. Residents of some of these communities are still close enough that they see the community as part of the extended family. This is not as prevalent in communities with large numbers of persons moving in and out. The Summit University community is thought by many human services professionals to be a relatively stable community.

Youth are very accepting of advertising. They want everything they see that signifies success. Youth who have a sense of purpose can wait. Youth without a sense of purpose or belief that this is ever available legally possibly will not wait. They become involve in the drug industry by selling drugs to make money to buy consumer goods.

Youth perceive that there are very few activities that meet their needs. To some extent they are correct. Some youth sought the return of drum and bugle corps. There currently is no functioning group, although two such groups are on the drawing board. However, many of the activities they desire were, in fact, available. Youth sought dances, drop-in activities, and, surprisingly to project staff, camping. All of these activities are available from organizations in Summit University. However, one barrier to receiving services is the attitude that youth have concerning agencies they attend. For example, youth perceived that Hallie Q. Brown was for little kids. It did not matter that Hallie Q. Brown offered teen programming, teenagers rarely would attend--especially youth west of Dale. (Incidently, most youth did not recognize Hallie Q. Brown, referring instead to MLK -- Martin Luther King.) The Inner City Youth League was also seen as an agency that served "little kids."

Many of the youth in the focus meetings had a "ends justifies the means" mentality. They felt that as long as they did not use drugs, try to recruit non-users, or sell to "little kids," then it was okay to "serve up to industry" (i.e. serve as much, as fast and to as many as you can.) One youth talked about a friend who financed his college education by serving. Another youth talked of how kids would serve until they got their "airs" or "pumps" or starter jackets. This way of thinking, though apparently not pervasive, was present.

## ECONOMIC FACTORS

Kids want jobs to earn money to buy some of the highly sought after consumer goods. Most would be satisfied with owning only some of these consumer goods. Some youth would settle for one. A few youth questioned the wisdom of accepting "fast food jobs." They sought higher paying jobs. Higher paying jobs, of course were not available for most youth. In this as in other areas, youth who felt that "flipping burgers" was a means to an end could see dignity in their work even if it was low-paying. Kids who thought they might have to do this the rest of their lives could not. It is as if they refuse these jobs fearing that if they ever start they are trapped for life.

Youth ages 12 - 14 have the fewest employment opportunities. Public policy severely restricts the conditions under which youth this age may work. Fourteen and fifteen year old youth can only work under very constrained conditions. Consequently, some youth in this age group find their first jobs in the drug business. This age group is probably the most underserved group under study. Many of the youth, especially the girls, perceive themselves as adults. Many young girls, in fact, have the physical development of women. They are, nevertheless, children. Many of the services available to youth in this age group do not allow for the emotional versus physical contradiction these youth face.

The most critical economic issue for the community is the status of single-parent families, especially, the female-headed house holds of never-married African American women. Nearly 25 percent of Summit University youth between the ages of 10 and 17 are in these families.

## SERVICES AVAILABLE

Youth seemed uninformed regarding what services are available. Some youth expressed interest in career development, tutoring, camping, cultural awareness, and recreational programs. All of these programs are available in Summit University. We suspect that what these youth mean is that these services are not available in ways they wish them to be. Youth are very resistent to participating in programs that require them to meet the same time, same place, with the same person. Their favorite programs are those that do not appear to place too many demands on them. They prefer drop-in centers, gymnasiums, and special events. Service providers must become more creative in their offerings. One such program is Night Moves. Every focus group of youth mentioned Night Moves as the kind of program they sought. Night Moves is a basketball league for youth 12 - 17 who play the games between 9:00 p.m. and 12 midnight. In order to participate in each game, youth are required to attend workshops offered prior to each game. Also, during breaks in the game, youth are provided information and instruction relative to services available. Sometimes, youth were offered presentations centering on issues of concern to youth (jobs available, how to look for and keep jobs, introduction to a college scout, etc.).

Youth are big on socializing. This is to be expected. Adult service providers can improve their program offerings if they involve youth at every stage of program development. Programs that promote leadership development are sorely needed as are programs encouraging entrepreneurial skills development.

Youth surprised us in two instances. First, youth were very interested in a return to summer resident camp offerings by community agencies. Also, youth mentioned their desire to participate in drum and bugle corps activities. As stated, we were at first surprised by these interests. However, upon reflection we realized that both were opportunities to "get away," and both offered the opportunity to experience something different, in the case of camping, and to interact with someone different, in the instance of a traveling drum and bugle corps.

## LACK OF RESEARCH

More research is required in the Summit University area, especially as this relates to African Americans. In much of our analysis we were hampered by the lack of area-specific data. Also, when hard data was available, with some exceptions, it was at least five to ten years dated.

We must find ways to systematically keep in touch with youth, especially African American youth. The data we collected as a result of this project must be built upon. We can present, at best, the direction the research should take. We are certain that the directions we suggest are true. Much of what we suggest is borne out in the literature. However, Summit University is unique. Summit University will require unique solutions.

## RECOMMENDATIONS

We began this process without bias concerning what we would find. Some of the findings were intuitive. For example, we were not surprised that youth were not aware of many of the services available to them. Youth rely on their peers for information. If they do not pass the word, youth will not know or pay attention. Additionally, our data strongly indicates that as long as youth are engaged in activities they find interesting they will not sell drugs. Two of our recommendations are related to these phenomena:

- **IMPROVE INFORMATION, REFERRAL, AND OUTREACH SERVICES TO YOUTH.**

- **INVOLVE YOUTH IN THE PLANNING, IMPLEMENTATION, MANAGEMENT, AND PROMOTION OF PROGRAMS THAT HOPE TO AFFECT YOUTH PROBLEMS.**

If the latter recommendation is implemented, the former will be resolved. However, agencies must think of ways to get to youth the message that they are important to the organization. The most effective way to do this is one-on-one, meeting youth where youth feel comfortable. Once making the contact careful listening without judgmental responses is required, at least initially. Ultimately, youth expect adults to be judgmental. They expect adults to exercise leadership. However, the first encounter is not the time exercise adult leadership. It helps if the youth's first encounter with the program is with another youth. Thus, youth must be involved in all aspects of the promotion of programs and activities designed for them. We do not mean to suggest that only programs that involve youth in all phases of a program's development will be effective. We believe, however, that such programs, more often than not, will not be allowed to demonstrate their effectiveness for lack of significant participation. The very programs that youth find boring when they are not involved become "fresh" or "dope" when they are. (The adjective, "dope" as a word indicating pleasure is especially telling of a problem that will be raised later.)

Both these recommendations are easily implemented and, as stated above, intuitive. The remaining recommendations may require significant changes in mind set and public policy, or mandate, through research, the identification and validation of little known or new knowledge. The third recommendation (below) requires a change in mind-set and policy regarding youth and work.

- **INSTITUTE PROGRAMS THAT AIM TO AFFECT BOTH CONTEMPORARY AND CONTINUING YOUTH PROBLEMS IN INNOVATIVE WAYS.**

There is no shortage of programs that aim to improve the social development skills of youth. However, most of these programs are offered in group settings. This is not attractive to today's youth. As already stated, they prefer less predictable programming. There also is no shortage of team sport activities. And though many youth continue to take part in these activities, few non-team sports are available.

Today's youth are confronted with more difficult problems. On of these is the prevalence of illicit drugs. Given the high usage and selling of illicit drugs, as reported by youth, prevention programs in these areas should be developed. Programs that creatively tackle the use and selling of marijuana, and programs and activities that stress both preventive and interventive strategies are sorely needed in SU.

One key component in all programs should be an attempt to demonstrate to youth that they can be successful. In particular, we must show youth that they can be successful without having to go to a four-year college. Unfortunately, so much emphasis is placed on attending college that youth could feel that success and college are synonymous. And, therefore, not going to college is synonymous with failure. Consequently, as youth determine that they are not "college material" they mistakenly decide that they have no future. Some, then, turn to drugs. A key to keeping youth off drugs, especially the immediately debilitating ones such as cocaine and cocaine derivatives, is to "keep hope alive"--to help youth understand that like good books, the first chapter only helps set the scene; it takes several more chapters before the plot is set and the final outcome determined. The Youth Career Awareness Program (YCAP) program at Dunwoody, discussed below, is such a program. It should be duplicated.

- **PROVIDE COMPENSATED EXPERIENTIAL LEARNING, WORK OR TRAINING FOR YOUTH, 12 - 14 YEARS OLD.**

We were very surprised that youth as early as age 12 were concerned about work. Almost all youth by the age of fourteen sought jobs--actually money--so they could purchase consumer goods. Current laws do not allow youth in this age group to "work." Even youth 15 years old can only work under very constrained circumstances.

Any job in the early years will be accepted. Involvement in drugs for these youth is out of boredom, first and a desire to work and earn money, second.

Older youth have a different concern. Youth asked us, "Why should we work for "three fi-dee " (three dollars and fifty cents) an hour when we can make three hundred and fifty dollars a day serving?" We did not have to respond. Their peers, however, suggested that everyone did not make that kind of money and that those who did could never have any peace. They had to worry about being robbed. They

had to be careful about turf issues. We believe that most youth feel this way--including many who are "serving." They need to be shown other options at an earlier age.

One program that offers youth monetary compensation while teaching them economic skills is the Employment/Entrepreneurial Program at the Summit University Teen Center. Youth learn the skills required to operate a concession stand and game room in the agency. They receive a stipend for their services. Youth with this experience are able to apply for jobs with more status because they will have a good referral.

A program operated by the Saint Paul Urban League takes a different tract. Group meetings are held in the youths' home school. They are taught small business principle and assisted in developing small businesses.

Dunwoody Institute of Minneapolis provides a unique program for youth entering the tenth grade. The program, YCAP, comes with the promise of a scholarship (up to two years) to youth who complete the program, participate in follow-up activities, and register at Dunwoody. The six-week program offers basic skills development in math, English, and computer literacy. Youth are provided with overnight "Upward Bound" activities as well as career awareness field trips and presentations. Youth are provided a modest stipend for their attendance and participation.

All these programs involve youth in the decision-making process. All but one (St. Paul Urban League) are providing compensated work, experiential learning, or training. The key word is "compensated." The compensation need not be money. It could be special privileges that accrue from attendance and participation. For the older youth, however, "money talks."

Our fifth recommendation was anticipated early in the course of the research for this report. The problem has been stated a number of times in a number of ways. The fifth recommendation asks that we find ways to:

- **SUPPORT AFRICAN AMERICAN FAMILIES.**

Help African American families provide physical, financial, and emotional support for their children while teaching or reinforcing culturally sensitive values and mores. Adolescents cannot insure that their lives will be successful without help from their families. Many parents are either unable or unwilling to adequately meet the emotional, physical, intellectual, or spiritual needs of their children.

In past years, when youth require help because of a family dysfunction, youth could rely on the extended family, help from relatives or friends not living in the

home, the church, and social services organizations. These supportive mechanism are not as available today as they once were.

The state of Minnesota offers several programs designed to support the family and, where necessary, stand in the stead of the family when parents are unable or unwilling to support their children. Among the services available are group homes half way houses, adoption, and foster care. However, these programs are underutilized. The fact that most of these programs are not culturally sensitive could be, in part, the reason. Across the nation it is absolutely clear that members of a strong functioning family have the ability to compensate for all forms of depravation. Strengthening African American families or, if absolutely necessary, providing viable alternatives is critical to the future success of African American youth.

- **OFFER YOUTH OPPORTUNITIES TO EXPLORE CULTURALLY SENSITIVE VALUES AND MORES.**

This will be the most difficult recommendation to implement. Researchers are only now beginning to understand African American culture well enough to set forth "afro-centric" values. There is such a diversity of experiences in the African American community that any attempt at setting forth values must take into account time, space, and place. Values and mores are dynamic, not static.

## SUMMARY

Again, we initiated this process not knowing what to expect. Sure, we had to formulate preliminary hypotheses, but this was initially done in something of a vacuum. As we talked to community professionals and youth, a clearer picture quickly emerged of youth involvement in the illegal drug industry.

### THE BAD NEWS

Yes, African American youth are involved in the drug industry. The intensity of their involvement and the depth of their usage changes with age and youths' perception of their chances for success in life.

Early on, at ages 10 to 12 or 13, few youth are involved with illegal drugs. Generally, only when a sibling, other family member, or a relative already involved with illegal drugs will youth also become involved with drugs. Even then, they are involved almost exclusively as accessories (e.g. look outs, runners, "holders".)

By ages 13 through 17 some youth are involved as casual users and servers of marijuana and crack. Some youth, a surprisingly large percentage, socially use alcohol and, to a lesser extent marijuana. During this period, few youth, at least 5 percent but not more than 10 percent, are thought to abuse cocaine or cocaine derivatives, and "weed" to the extent that it affects their lives. Again, these youth either have family members, relatives, or friends involved in the illegal drug industry or for some reason, have given up hope that they can be successful.

Finally, youth over 17 use all drugs more, and a greater percentage abuse drugs. We believe this is because these youth feel that they must be successful or be able to envision being successful at 18. If they do not, there is a greater tendency for them to use illicit drugs.

### THE GOOD NEWS

Most African American youth are not involved in the drug industry. And though a not inconsequential number use alcohol and marijuana, their use patterns are not abusive. However, their attitude towards alcohol and "weed" is alarming. Although their attitudes are no different from their white counterparts, their attitudes unacceptable. They are also correctable.

Up to 50 percent of the African American youth involved in the illegal drug industry could be convinced to quit. The youth that are there for the excitement, extra money, and status seem to be amenable to alternative activities if they have some say about the nature, content, and implementation of the programs or activities.

Youth who feel good about themselves, their family, and their community are less prone to do or sell drugs. Youth that are involved with churches or have an integrated spiritual belief system are less likely to be involved in the drug industry or in the use and abuse of all drugs. Youth who have hope for themselves are less likely to be involved with the drug industry.

In short, youth that feel loved and are supported, feel secure, and have a sense of self-worth also have hope. This hope is their armor against the use or abuse of drugs or participation in the drug industry. We can greatly decrease the number of youth affected by drugs and the drug industry if we follow the advice of Reverend Jessie Jackson:

**"KEEP HOPE ALIVE."**

## Appendix A: Summit University Anti-Drug Initiative Task Force

With the exception of elected officials all of the following Task Force members participated in one or more meetings. Everyone was kept abreast of Task Force activities . An asterisk indicates the individual was a member of the Steering Committee.

| | |
|---|---|
| Berry, Bryan* | Wilder Foundation |
| Cundiff, Lawrence* | Community resident |
| Davis, Nick* | Inner City Youth League/community resident |
| Dallas, Ruthie* | Minnesota Department of Humman Services, Chemical Dependency Division |
| Dawkins, Rep. Andy* | Minnesota House of Representative |
| Forliti, Mark | Juvenile Service Center |
| Hayes, Jim* | Juvenile Service Center |
| Hickman, Robin* | City of Saint Paul/community resident |
| Pappas, Sen. Sandy* | Minnesota State Senator |
| Pettiford, David | Community resident |
| Price, Stephanie* | Ramsey County |
| Russ, Tom | Boys' Totem Town |
| Steward, Ruby | Community Resident |
| Tredwell, Arthur* | Ramsey County |
| Wheeler, Mary | City of Saint Paul |
| William, Fred | Hallie Q. Brown/Martin Luther King |
| Williams, Paul* | United Way, Saint Paul |
| Wilson, William* | President, City Council/community resident |
| Wilson, Willie Mae | St. Paul Urban League/community resident |
| Winfield, Stephen* | Community resident |

## PROJECT STAFF

| | |
|---|---|
| Edward L. Duren, Jr. | Project Consultant |
| Katherine Beecham | Project Assistant |
| MaryAnn Taylor | Project Intern |

## Appendix B: Key Informants

We interviewed many key individuals for this report, but because of schedules, vacations, job promotions, and other reasons, we were unable to discuss drugs and African American youth with everyone we had hoped. We feel the report is not as rich as a result. We do not believe talking to the individuals we missed would have significantly changed either the findings or recommendations.

| | |
|---|---|
| Boyd, Mary K. | St. Paul Open School |
| Carter, Toni | Business owner |
| Carter, Melvin | St. Paul Police Department |
| Crow, Clem | Former staff member, Loft/Jimmy Lee Center |
| Davis, Nick | St. Paul Paramedics |
| Gatson, Rev. Kathleen | Family and Children Services, St. Paul |
| Hayes, Jim | Ramsey County Juvenile Detention Center |
| Hickman, Robin | St. Paul Youth Services |
| Lewis, Robert | St. Paul Technical and Vocational College |
| Majeed, Salima | Institute on Black Chemical Abuse |
| McClain, Robert | Inner City Youth League |
| Miller, Rev. Earl F. | Pilgrim Baptist Church |
| Montgomery, Debra | State of Minnesota, Office of Drug Policy |
| Peddiford, David | Institute on Black Chemical Abuse |
| Robinson, Jim | Summit University Teen Center |
| Smith, Rev. Ron | New Beginning |
| Wheeler, Mary | City of Saint Paul PED |
| White, Rev. Oliver | City of Saint Paul |
| William, Fred | Hallie Q. Brown/Martin Luther King |

## Appendix C: Youth Focus Meeting Participants

SCHOOL - HIGHLAND SENIOR HIGH SCHOOL
CONTACT - Thereasa Neal, social worker
STUDENTS - Matasha Neal, Nicole Gentry, Chris Whidby, Rudy Claiborn, Denise Winder

SCHOOL - HIGHLAND JUNIOR HIGH SCHOOL
CONTACT - Kathryn Gagnon, Assistant Principal
STUDENTS - Patricia Carter, Tiffany Carter, Ebony Suggs, Wayne Glasgow, Myron Gayles, Santaia Allen

SCHOOL - COMO SENIOR HIGH SCHOOL
CONTACT - Jerry Line, African American history teacher
STUDENTS - All students of sixth hour class

SCHOOL - CENTRAL HIGH SCHOOL
CONTACT - Frank Wharton, Youth Advocate
STUDENTS - African American Male Club

AGENCY - BOY'S TOTEM TOWN
CONTACT - Tom Russ
PARTICIPANTS - Group 3

AGENCY - LOFT TEEN CENTER
CONTACT - Michael Bridgeford
PARTICIPANTS - Teen Council

## Appendix D: Town Meeting Participants

Town meetings were held at the Martin Luther King/Hallie Q. Brown Center in the hopes of allowing the community to provide the task force with a broader perspective. The project staff learn a great deal from community participants as well as the discussion leaders. Listed below are the discussants.

| TOWN MEETING | DISCUSSANTS | AFFILIATION |
|---|---|---|
| Health and Human Services | Joseph Young | Pilgrim Baptist Church |
| | Robin Hickman | City of Saint Paul |
| | Art Treadwell | Ramsey County |
| Schools and Education | Linda Garrett | Saint Paul Schools |
| | Frank Wharton | Saint Paul Schools |
| Jobs and Training | Vertis Lanier | Jobs Training Partnership |
| Culture and Recreation | Robin Hickman | City of Saint Paul |
| | Mary Wheeler | City of Saint Paul |
| | Michael Bridgeford | Loft/Jimmy Lee Center |
| Juvenile Justice System | Jim Hayes | Ramsey County |
| | Tom Russ | Ramsey County |

## Appendix E: Service Provider Inventory

Katherine Beecham
Edward L. Duren, Jr.

SUMMIT UNIVERSITY ANTI-DRUG INITIATIVE
SERVICE PROVIDER DATA BASE

| NAME OF AGENCY/ORGANIZATION | ADDRESS | CITY | PHONE NUMBER | MALE FEMALE BOTH | CULTURE-SENSITIVE | FOR YOUTH | IN S U |
|---|---|---|---|---|---|---|---|
| | | | | | .P. | .P. | .P. |
| ABBOTT-NORTHWESTERN HOSPITAL | 1800 FIRST AVE S | MPLS | 863-1500 | B | .P. | .P. | .P. |
| ANOKA COUNTY | COURTHOUSE, 4TH FL | ANOKA | 422-7000 | B | .P. | .T. | .P. |
| ANTHONY LOUIS CENTER | 115 FORESTVIEW LN | PLYMOUTH | 546-8008 | B | .P. | .T. | .P. |
| ANTHONY LOUIS CENTER NORTH | 1000 PAUL PARKWAY | BLAINE | 757-2906 | B | .P. | .T. | .P. |
| BIG BRO/BIG SIS CNTR MPLS | 2637 PARK AVE | MPLS | 871-3939 | B | .P. | .T. | .P. |
| BIHA WOMEN IN ACTION | 122 W FRANKLIN #306 | MPLS | 870-1193 | F | .T. | .T. | .P. |
| BOOTH BROWN HOUSE | 1471 COMO AVE | ST PAUL | 646-2601 | B | .P. | .P. | .P. |
| BOY SCOUTS OF AMER (VIKING) | 5300 GLENWOOD AVE | GOLDEN VALLEY | 545-4550 | M | .P. | .T. | .P. |
| BOYS AND GIRLS CLUB OF MPLS | 2410 IRVING AVE N | MPLS | 522-3636 | B | .P. | .T. | .P. |
| BRIDGE FOR RUNAWAY YOUTH INC | 2200 EMERSON AVE S | MPLS | 377-8800 | B | .P. | .T. | .P. |
| Big Bro & Sis | 166 E 4TH STREET | St Paul | 224-7651 | B | .P. | .P. | .P. |
| Bridge for Run Awy Y | 2200 EMERSON AVE S | Mpls | 377-8800 | B | .P. | .P. | .P. |
| CAMP SUNRISE | 15 S FIFTHST #750 | MPLS | 338-1233 | B | .T. | .T. | .P. |
| CAPITOL COMMUNITY SERVICES | 1544 TIMBERLAKE RD | ST PAUL | 488-0243 | B | .P. | .T. | .P. |
| CARE CONNECTION COUNSELING CN | 13986 MAPLE KNOLL WY | MAPLE GROVE | 420-4957 | B | .P. | .T. | .P. |
| CATHOLIC CHARITIES - ST PAUL | 215 OLD 6TH STREET | ST PAUL | 222-3001 | B | .P. | .T. | .P. |
| CEDAR RIVERSIDE PEOPLES CNTR | 200 S 5TH ST | MPLS | 332-4973 | B | .P. | .T. | .P. |
| CENTER FOR COMM ACTION | 1427 WASHINGTON AVE | MPLS | 338-8733 | B | .P. | .T. | .P. |
| CENTER FOR HUMAN DEVELOPMENT | 1310 E HWY 96 - 101 | WHITE BEAR LAKE | 426-8191 | B | .P. | .P. | .P. |
| CENTER FOR YOUTH EMP AND TRNG | 215 E 9TH ST | ST PAUL | 228-3284 | B | .P. | .P. | .P. |
| CHILDBIRTH EDUCATION ASSN | 436 N ROY ST | ST PAUL | 645-2680 | | .P. | .P. | .P. |
| CHILDRENS HEALTH PLAN -MN DHS | 444 LAFAYETTE RD | ST PAUL | 297-3862 | B | .P. | .T. | .P. |
| CHILDRENS HOSPITAL INC | 345 N SMITH AVE | ST PAUL | 220-6000 | | .P. | .T. | .P. |
| CHRISTIANS RCHING OUT SOC SVS | 10455 93RD AVE N | MAPLE GROVE | 425-1050 | B | .P. | .T. | .P. |
| CITY INC | 1545 E LAKE ST | MPLS | 724-3689 | B | .T. | .T. | .P. |
| COCAINE ANONYMOUS | 931 W BROADWAY | MPLS | 522-7381 | B | .T. | .T. | .P. |
| COMPAS | 75 W 5TH ST RM 305 | ST PAUL | 292-3249 | B | .P. | .P. | .P. |
| COUNSELING CLINIC, THE | 6860 SHINGLE CREEK | BROOKLYN CTR | 560-4860 | B | .P. | .P. | .P. |
| CROSS STREETS PROG RNAWAY YTH | 1619 DAYTON AVE | ST PAUL | 647-0410 | | .P. | .T. | .P. |
| CURRIE NEIGHBORHOOD CENTER | 1507 S FIFTH ST | MPLS | 338-5282 | B | .P. | .T. | .P. |
| Child' Home Soc MN | 2230 COMO AVE | ST PAUL | 646-6393 | B | .P. | .P. | .P. |
| Chrysalis | 2104 STEVENS AVE S | Mpls | 871-2603 | F | .P. | .T. | .P. |
| DAYTON AVE PRESBYTERIAN CHURCH | 217 MACKUBIN STREET | ST PAUL | 227-7389 | B | .T. | .T. | .T. |
| DRUG INFORMATION SERVICES | 308 HARVARD ST 3-160 | MPLS | 624-6492 | | .P. | .P. | .P. |
| DRUG TALK | 2829 VERNDALE AVE | ANOKA | 427-2502 | B | .P. | .P. | .P. |
| ED OPP CTR/TALENT SEARCH | 1501 HENNEPIN AVE | MPLS | 349-2524 | B | .T. | .T. | .P. |
| EMERGENCY SOCIAL SERVICE | 100 S ROBERT STREET | ST PAUL | 291-6795 | B | .P. | .T. | .P. |
| EPISCOPAL COMMUNITY SERVICES | 430 OAK GROVE ST | MPLS | 874-8823 | B | .P. | .T. | .P. |
| FACE TO FACE HEALTH AND CNSLG | 642 E 7TH STREET | ST PAUL | 772-2557 | B | .P. | .T. | .P. |
| FAIRVIEW DEACONESS CENTER | 1400 E 24TH ST | MPLS | 721-9100 | B | .P. | .T. | .P. |
| FAIRVIEW RIDGES HOSPITAL | 201 E NICOLLET BLVD | BURNSVILLE | 892-2456 | B | .P. | .P. | .P. |
| FAMILY ALTERNATIVES | 416 E HENNEPIN #218 | MPLS | 379-5341 | B | .P. | .T. | .P. |
| FAMILY CHILDREN'S SERVICE | 414 S 8TH ST | MPLS | 340-7444 | B | .P. | .T. | .P. |
| FAMILY PLUS, INC | 6121 EXCELSIOR BLVD | ST LOUIS PK | 920-0708 | B | .P. | .T. | .P. |
| FAMILY SERV OF GREATER ST PAUL | 166 E 4TH ST STE 200 | ST PAUL | 222-0311 | B | .P. | .T. | .P. |

SUMMIT UNIVERSITY ANTI-DRUG INITIATIVE
SERVICE PROVIDER DATA BASE

| NAME OF AGENCY/ORGANIZATION | ADDRESS | CITY | PHONE NUMBER | MALE FEMALE BOTH | CULTURE-SENSITIVE | FOR YOUTH | IN S U |
|---|---|---|---|---|---|---|---|
| FAMILY SERVICE | 1619 DAYTON | ST PAUL | 645-0478 | B | .F. | .F. | .F. |
| FORGOTTEN CHILDREN'S FUND | 444 LAFAYETTE RD | ST PAUL | 296-2725 | B | .F. | .T. | .F. |
| FOUND FOR REC/ASSN OF INTER SP | 4901 W 77TH ST | EDINA | 893-0620 | B | .F. | .F. | .F. |
| FREEPORT WEST | 310 E 38TH ST #135 | MPLS | 824-0780 | B | .F. | .T. | .F. |
| FREEPORT WEST INC | 1 27TH AVE SE | MPLS | 338-7440 | M | .F. | .T. | .F. |
| GATEWAY GRP HOME | 2600 ARBORETUM BLVD | EXCELSIOR | 474-8447 | M | .F. | .F. | .F. |
| GENESIS II FOR WOMEN INC | 3036 UNIV AVE SE | MPLS | 348-2762 | | .F. | .F. | .F. |
| GIRL SCOUT CNCL ST CROIX VLLY | 400 S ROBERT ST | ST PAUL | 227-8835 | F | .F. | .T. | .T. |
| GLENWOOD LYNDALE COMMUNITY CN | 908 5TH AVE N | MPLS | 342-1500 | B | .T. | .T. | .F. |
| GREATER MPLS GIRL SCOUT CNCL | 5601 BROOKLYN BLVD | MPLS | 535-4602 | F | .F. | .T. | .F. |
| HAZELDEN-PIONEER HOUSE | 11505 36TH AVE N | PLYMOUTH | 559-2022 | B | .F. | .T. | .F. |
| HEALTH RECOVERY CENTER | 3255 HENNEPIN AVE | MPLS | 827-7800 | B | .F. | .T. | .F. |
| HELP ENABLE ALCOH REC TRTMNT | 389 N OXFORD STREET | ST PAUL | 642 0114 | B | .F. | .F. | .T. |
| HELPING HAND HEALTH CENTER | 545 W 7TH STREET | ST PAUL | 224-7561 | B | .F. | .F. | .F. |
| HENNEPIN CO ATTY'S OFFICE | 2000 HENN CTY GOV CN | MPLS | 348-3091 | B | .F. | .F. | .F. |
| HENNEPIN CO COMM SVS DEPT | 10A GOV CN 300 S 6TH | MPLS | 348-3000 | B | .F. | .F. | .F. |
| HOME AWAY | 2119 PLEASANT AVE S | MPLS | 871-7599 | B | .F. | .T. | .F. |
| HOSPITALITY HOUSE, INC | 1220 LOGAN AVE N | MPLS | 522-4485 | B | .T. | .T. | .F. |
| HUBERT HUMPHREY JOB CORPS CNTR | 1480 N SNELLING | ST PAUL | 642-1133 | F | .F. | .F. | .F. |
| HUMAN SERVICE ASSOCIATES | 333 SIBLEY STE 570 | ST PAUL | 224-0928 | B | .F. | .F. | .F. |
| Hallie Q. Brown, Inc | 270 N KENT STREET | St Paul | 224-4601 | B | .T. | .T. | .T. |
| ILLUSION THEATER | 528 HENNEPIN AVE | MPLS | 339-4944 | B | .F. | .T. | .F. |
| INROADS/MPLS ST PAUL INC | 450 N SYNDICATE #122 | ST PAUL | 644-4406 | B | .T. | .F. | .T. |
| INST ON BLACK CHEM ABUSE | 2616 NICOLLET AVE S | MPLS | 871-7878 | F | .T. | .T. | .T. |
| INVER HILLS ST PAUL CNTR | 1211 W 7TH STREET | ST PAUL | 297-5882 | B | .F. | .F. | .F. |
| Inner City Youth Lea | 909 SELBY | St Paul | 291-9827 | B | .T. | .T. | .T. |
| JAMESTOWN COMMUNITY CNSL SVS | 1111 3RD AVE S | MPLS | 378-3277 | B | .F. | .T. | .F. |
| JOSEPH'S COAT | 477 ST PETER ST | ST PAUL | 291-2472 | B | .F. | .F. | .F. |
| KATAHDIN WKSHPS FOR YTH & FAM | 419 OAK GROVE | MPLS | 872-4701 | B | .T. | .T. | .F. |
| LEXINGTON HAMLINE COMM CNCL | 1345 SELBY AV | ST PAUL | 645-3207 | B | .F. | .F. | .F. |
| LUTHERAN SOCIAL SVS OF MN | 2414 PARK AVE S | MPLS | 871-0221 | | .F. | .T. | .F. |
| MERCY MEDICAL CENTER | 4050 COON RAPIDS BLV | COON RAPIDS | 427-2200 | B | .F. | .T. | .F. |
| MIDWAY FAM SERV AND ABUSE CNTR | 435 ALDINE STREET | ST PAUL | 641-5584 | B | .F. | .F. | .F. |
| MINNEAPOLIS EMP & TRNG PROG | CITY HALL RM 3101/2 | MPLS | 348-5700 | B | .F. | .T. | .F. |
| MINNEAPOLIS URBAN LEAGUE | 2000 PLYMOUTH AVE N | MPLS | 521-1099 | B | .T. | .T. | .F. |
| MISSING CHILDREN MINNESOTA | 1025 W BROADWAY | MPLS | 572-0456 | B | .F. | .F. | .F. |
| MN COMM FOR PREV OF CHILD ABS | 1821 UNIVERSITY AVE | ST PAUL | 641-1568 | B | .F. | .T. | .F. |
| MN DEPT OF HLTH | 717 DELAWARE ST SE | MPLS | 623-5000 | B | .F. | .F. | .F. |
| MN DEPT OF JOBS & TRAINING | 390 N ROBERT ST | ST PAUL | 296-3711 | B | .F. | .F. | .F. |
| MN FAM PLANNING/STD HOTLINE | 1619 DAYTON AVE | ST PAUL | 752-4281 | B | .F. | .F. | .F. |
| MODEL CITIES HEALTH CENTER | 430 N DALE STREET | ST PAUL | 222-6029 | B | .T. | .T. | .T. |
| MPLS YOUTH DIVERSION PROG | 2616 NICOLLET AVE | MPLS | 871-3613 | B | .F. | .T. | .F. |
| MULTI RESOURCE CENTERS (MRC) | 1900 CHICAGO AVE | MPLS | 871-2402 | B | .T. | .F. | .F. |
| NARCOTICS ANONYMOUS | 310 E 38TH STREET | MPLS | 822-7965 | B | .F. | .F. | .F. |
| NEW BEGINNINGS AT WAVERLY | RTE 1 BX 86 | WAVERLY | 540-0005 | B | .F. | .F. | .F. |
| NEW DIRECTIONS YOUTH MINISTRY | 2018 JAMES AVE N | MPLS | 374-3224 | B | .F. | .T. | .F. |
| NEW LIFE HOMES & FAMILY SVS | 3361 REPUBLIC AVE | ST LOUIS PK | 920-8117 | F | .F. | .T. | .F. |
| NORTHEAST NEIGHBORHOOD HOUSE | 1929 SECOND ST NE | MPLS | 781-6011 | B | .F. | .T. | .F. |

SUMMIT UNIVERSITY ANTI-DRUG INITIATIVE
SERVICE PROVIDER DATA BASE

| NAME OF AGENCY/ORGANIZATION | ADDRESS | CITY | PHONE NUMBER | MALE FEMALE BOTH | CULTURE-SENSITIVE | FOR YOUTH | IN S U |
|---|---|---|---|---|---|---|---|
| New Beginnings Cntr | 644 SELBY | St Paul | 224-3835 | B | .T. | .F. | .T. |
| OAK PARK NEIGHBORHOOD CENTER | 1701 OAK PARK AVE | MPLS | 377-7000 | B | .T. | .T. | .F. |
| ON DELAY HOME | 1502 ARCHWOOD RD | MINNETONKA | 544-2097 | B | .F. | .T. | .F. |
| ONTOP INC | 310 E 38TH ST #205 | MPLS | 827-5446 | B | .F. | .T. | .F. |
| OPERATION DE NOVO | 251 PORTLAND AVE S | MPLS | 348-4005 | B | .F. | .T. | .F. |
| PARENTS ANONYMOUS | 265 ONEIDA ST #202 | ST PAUL | 298-5731 | B | .F. | .T. | .F. |
| PARENTS IN CONN ACTION (PICA) | 4225 3RD AVE S | MPLS | 823-6361 | B | .T. | .T. | .F. |
| PEOPLE INC - DAYTON HOUSE | 565 DAYTON AVE | ST PAUL | 222-1009 | M | .F. | .F. | .T. |
| PHYLLIS WHEATLEY COMM CNTR | 919 FREMONT AVE N | MPLS | 374-4342 | B | .T. | .T. | .F. |
| PILLSBURY HOUSE | 3501 CHICAGO AVE S | MPLS | 824-0708 | B | .T. | .T. | .F. |
| PILOT CIT HLTH CENTER | 1349 PENNAVE N | MPLS | 348-4600 | B | .F. | .F. | .F. |
| PILOT CITY HLTH CNTR | 1500 JAMES AVE N | MPLS | 627-2779 | B | .T. | .T. | .F. |
| PILOT CITY REGIONAL CENTER | 1315 PENN AVE N | MPLS | 348-6267 | F | .F. | .F. | .F. |
| PLYMOUTH CHRISTIAN YOUTH CENT | 2301 OLIVER AVE N | MPLS | 522-6501 | B | .T. | .T. | .F. |
| PREVENTION ALLIANCE | 310 E 38TH ST | MPLS | 827-8203 | B | .F. | .T. | .F. |
| PRIDE | 414 S 8TH ST | MPLS | 340-7444 | F | .F. | .F. | .F. |
| PROP ASSN OF TRT HOMES (PATH) | 1730 CLIFTON PLACE | MPLS | 871-4314 | B | .F. | .T. | .F. |
| PROJECT LIFE | 1360 ENERGY PK DR | ST PAUL | 646-6946 | F | .F. | .F. | .F. |
| PUTTING IT ALL TOGETHER | 60 KENT STREET | ST PAUL | 291-8553 | F | .F. | .F. | .T. |
| RAMSEY COUNTY MED CENTER | 640 JACKSON ST | ST PAUL | 221-3441 | B | .F. | .T. | .T. |
| RAPE AND SEXUAL ASSAULT CNTR | 2431 HENNEPIN AVE | MPLS | 825-4357 | B | .F. | .T. | .F. |
| RELATE | 15320 HYKA BLVD #200 | MINNETONKA | 932-7277 | B | .F. | .T. | .F. |
| RIVER RIDGE TREATMENT CENTER | 1601 E HWY 13 #106 | BURNSVILLE | 894-7722 | B | .F. | .T. | .F. |
| S U Teen Center | 1063 IGLEHART AVE | ST PAUL | 644-3311 | B | .T. | .T. | .T. |
| SETON CHILD WELFARE | 436 MAIN STREET | ST PAUL | 224-4805 | F | .F. | .F. | .F. |
| SEXUAL OFFENSE SVS OF RAM CO | 1619 DAYTON AVE | ST PAUL | 55104 | B | .F. | .F. | .F. |
| SHERBURNE HOUSE | 550 GALTIER STREET | ST PAUL | 227-5515 | M | .F. | .F. | .F. |
| SSIDE COMMUNITY CLINIC INC | 4243 4TH AVE S | MPLS | 822-3186 | B | .F. | .T. | .F. |
| ST ANTHONY DEVELOP LRNG CNTR | 1200 W BROADWAY | MPLS | 588-0580 | B | .F. | .F. | .F. |
| ST PAUL EMPLOYMENT & TRAINING | 215 E 9TH ST | ST PAUL | 228-3283 | B | .F. | .T. | .F. |
| ST PAUL PUBLIC HLTH (DIV OF) | 555 CEDAR STREET | ST PAUL | 292-7711 | B | .F. | .F. | .F. |
| ST PAUL RAMSEY MEDICAL CENTER | 640 JACKSON STREET | ST PAUL | 221-8922 | B | .F. | .F. | .F. |
| ST PAUL URBAN LEAGUE | 401 SELBY | ST PAUL | 224-5771 | B | .T. | .F. | .T. |
| STOREFRONT/YOUTH IN ACTION | 5701 NORMANDALE BLVD | EDINA | 926-1851 | B | .F. | .T. | .F. |
| SUMNER OLSON RESIDENT COUNCIL | 900 8TH AVE N | MPLS | 342-1615 | B | .T. | .T. | .F. |
| SURVIVAL SKILLS INSTITUTE | 1120 OLIVER AVE N | MPLS | 522-6525 | B | .T. | .T. | .F. |
| TEEN AGE MEDICAL SERVICE | 2425 CHICAGO AVE | MPLS | 863-6125 | B | .T. | .F. | .F. |
| TRIUMPH LIFE CENTER | 3735 LAKELAND AVE N | MPLS | 522-5844 | B | .F. | .T. | .F. |
| TURNING POINT INC | 1105 16TH AVE N | MPLS | 588-0707 | B | .T. | .F. | .F. |
| TWENTY TWENTY ADOLSCNT REC CTR | 2414 S 7TH ST | MPLS | 371-6953 | B | .F. | .T. | .F. |
| TWIN TOWN TREATMENT CENTER | 1706 UNIVERSITY AVE | ST PAUL | 645-3661 | B | .F. | .F. | .F. |
| UNITY NEIGHBORHOOD CENTER | 2507 FREMONT AVE N | MPLS | 529-9267 | B | .F. | .T. | .F. |
| VOLUNTEERS OF AMERICA MN, THE | 5905 GOLDEN VLY RD | GOLDEN VALLEY | 546-3242 | B | .F. | .T. | .F. |
| WAITE NEIGHBORHOOD HOUSE | 2539 13TH AVE S | MPLS | 721-1681 | B | .F. | .T. | .F. |
| WASHBURN CHILD GUIDANCE CENTER | 2430 NICOLLET AVE S | MPLS | 871-1454 | B | .F. | .F. | .F. |
| WAYSIDE HOUSE INC | 2401 PILLSBURY AVE S | MPLS | 871-7999 | F | .F. | .F. | .F. |
| WEST SUBURBAN TEEN CLINIC | 478 2ND ST | EXCELSIOR | 474-3251 | B | .F. | .T. | .F. |

SUMMIT UNIVERSITY ANTI-DRUG INITIATIVE
SERVICE PROVIDER DATA BASE

| NAME OF AGENCY/ORGANIZATION | ADDRESS | CITY | PHONE NUMBER | MALE FEMALE BOTH | CULTURE-SENSITIVE | FOR YOUTH | IN S U |
|---|---|---|---|---|---|---|---|
| WILDER CHILD GUIDANCE CLINIC | 919 LAFOND AVE | ST PAUL | 642-4001 | B | .T. | .T. | .T. |
| WILDER CHILDRENS PLACEMNT SVS | 919 LAFOND AVE | ST PAUL | 642-4052 | B | .T. | .T. | .T. |
| WILDER COMM ASSISTANCE PROG | 650 MARSHALL AVE | ST PAUL | ARS | B | .T. | .T. | .T. |
| WILDER JUVENILE HORIZONS | 325 DAYTON AVENUE | ST PAUL | 227-8431 | B | .T. | .T. | .T. |
| WILDER SVS TO CHILDREN & FAM | 919 LAFOND AVE | ST PAUL | 642-2000 | B | .T. | .T. | .T. |
| YES/NEON | PO BOX 14958 | MPLS | 379-6363 | B | .T. | .T. | .T. |
| YMCA BLAISDELL | 3335 BLAISDELL AVE S | MPLS | 827-5401 | B | .T. | .T. | .T. |
| YMCA OF GREATER ST PAUL | 194 E 6TH STREET | ST PAUL | 292-4100 | B | .T. | .T. | .T. |
| YOUTH SERVICE BUREAU ST PAUL | 1619 DAYTON AVE | ST PAUL | 647-0411 | B | .T. | .T. | .T. |
| YWCA | 1801 JAMES AVE N | MPLS | 522-6559 | B | .T. | .T. | .T. |
| YWCA ST PAUL | SELBY AND WESTERN | ST PAUL | 222-3741 | F | .T. | .T. | .T. |
| YWCA- MPLS | 1130 NICOLLET MALL | MPLS | 332-0501 | B | .T. | .T. | .T. |

## Appendix F: Selected Bibliography

Edward L. Duren, Jr.
Mary Ann Taylor

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